

FILED NOV 8 1957

THE DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38150

STATE FILE NUMBER
10243

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10243

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS Mo</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>ST. LOUIS</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. LOUIS CITY Hosp.</u>			Length of stay in 1b	d. STREET ADDRESS <u>1812 S. 13th</u>			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>NORA SHAW</u>				4. DATE OF DEATH <u>OCT. 28 1957</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov. 4 1879</u>		9. AGE (In years last birthday) <u>77</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>AT Home</u>		11. BIRTHPLACE (City and state or country) <u>ARKANSAS</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>WILLIAM CUMMINGS</u>				14. MOTHER'S MAIDEN NAME <u>ELIZABETH BROWN</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT Address <u>CECILE SHAW, 1812 S. 13th ST.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Ch. & ac Failure</u>							<u>2 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) <u>Arteriosclerosis - Simultaneous - Anemia</u>
							DUE TO (c) <u>C</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>Deformed Tongue - adhered to Palate</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>422.1</u>				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>9/9/57</u> to <u>10/28/57</u> and last saw <u>her</u> alive on <u>10/12/57</u> Death occurred at <u>11:10 P</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Walter H. Noyes, M.D.</u> (Degree of title)				22b. ADDRESS <u>310 S. Grand</u>		22c. DATE SIGNED <u>OCT 31 57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)
<u>REMOVAL</u>		<u>OCT. 3 1957</u>	<u>SUNSET BURIAL</u>		<u>ST. LOUIS</u>		<u>Mo</u>
24. FUNERAL DIRECTOR <u>Thomas Kutis 2906 Grand</u>				25. DATE RECD. BY LOCAL REG. <u>OCT 31 57</u>		26. REGISTRAR'S SIGNATURE <u>Carl Smith Mo</u>	

3108 S. ...
PR 6-3322
12:30
P. H. ...

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Samuel Hill*

Licensed Embalmer No. *434*

P. O. Address *2906 ...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.