

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-022024**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5539**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED JUN 3 1963**

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
Rev. 4/59				
1				
2 <i>2/99</i>				
3				
4 <i>0</i>				
5 <i>2</i>				
6				
7 <i>0</i>				
8 <i>2</i>				
9				
10				
11				
12 <i>90-0</i>				
13				
<i>90</i>	SHOULD READ	BY AFFIDAVIT OF		

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>St. Louis</i>	
Length of stay in 1b <i>5 yrs.</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>4059 Westminster</i>		d. STREET ADDRESS (If outside, give location) <i>4059 Westminster</i>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First <i>August</i> Middle <i>Raymond</i> Last <i>Nord</i>		Month <i>May</i> Day <i>23</i> Year <i>1963</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>11-14-1875</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Watchman</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Hammond Metal Co.</i>	11. BIRTHPLACE (City and state or country) <i>Verona, Mo.</i>
13a. FATHER'S NAME <i>Andrew Nord</i>		14. NAME OF HUSBAND OR WIFE <i>Opha M. (dcd.)</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>No None</i>		17. INFORMANT <i>Leonard Nord-9903 Benson-St. Ann, Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <i>Acute Coronary occlusion</i>		<i>2 hrs</i>	
DUE TO (b) <i>arteriosclerotic heart disease</i>		<i>?</i>	
DUE TO (c) <i>Cerebral sclerosis</i>		<i>?</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<i>4200</i>			
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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
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 <i>July 15 1958</i> and last saw him alive on <i>May 10 1963</i> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Dominic Verda M.D.</i>		22b. ADDRESS <i>4500 Olive St St Louis Mo 63112</i>	
22c. DATE SIGNED <i>5-24-63</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>5-27-1963</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Sunnyside Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Sorento, Ill. via Motor</i>
24. FUNERAL DIRECTOR <i>Daumann Bros. Inc.</i> <i>2504 Woodson Rd. Overland 14, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>MAY 24 1963</i>	26. REGISTRAR'S SIGNATURE <i>Loard Smith M.D.</i>

USE BLACK INK OR TYPEWRITER RIBBON

**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

*David C. Gibson*

Licensed Embalmer No. 3454

P. O. Address St. Louis Mo.

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.