

FILED FEB 17 1956
STANDARD CERTIFICATE OF DEATH

State File No. **7001**
Registrar's No. **610**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI | | c. CITY OR TOWN St. Louis | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #1. | | e. STREET ADDRESS (If rural, give location) 900 N. Kingshighway | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Erwin b. (Middle) C. c. (Last) NORDER | | 4. DATE OF DEATH (Month) (Day) (Year) JANUARY 17, 1956 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH May 26, 1899 |
| 9. AGE (In years last birthday) 56 | | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Mt. Olive, Ill. |
| 12. CITIZEN OF WHAT COUNTRY? U.S. | | 13a. FATHER'S NAME Unknown | |
| 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Pearl Norder | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. Unknown | |
| 17. INFORMANT'S SIGNATURE OR NAME Donald Norder | | ADDRESS 10648 Twilight Dr. | |

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|--|--|--|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease | | ANTECEDENT CAUSES | | | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) Myocardial Insufficiency | |
| | | | | DUE TO (c) Auricular Fibrillation | |
| II. OTHER SIGNIFICANT CONDITIONS | | Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 420.0 | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |

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|--|--|--|--|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from **1-13**, 19**56**, to **1-17**, 19**56**, that I last saw the deceased alive on **1-17**, 19**56**, and that death occurred at **5:35A** m., from the causes and on the date stated above.

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|--|--|---|--|--|--|
| 23a. SIGNATURE Daron W. Bernsten MD (Degree or title) | | 23b. ADDRESS 1515 LAFAYETTE AVE. | | 23c. DATE SIGNED 1-17-56. | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 1-17-56 | | 24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery | |
| | | | | 24d. LOCATION (City, town, or county) (State) Mt. Olive, Ill. | |

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|---|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. JAN 18 1956 | | REGISTRAR'S SIGNATURE [Signature] | | 25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 4700 Washington Blvd. | |
|---|--|--|--|--|--|

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Guy W. Wilkinson*.....

Licensed Embalmer No. *352*.....

P. O. Address *Lawrence*.....

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.