

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44266**
Registrar's No. **11604**

FILED DEC 17 1953

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 11604			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____					
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 1-hour		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital				e. STREET ADDRESS (If rural, give location) 3009 Eads Ave. 2179					
3. NAME OF DECEASED (Type or Print) Nora			a. (First)		b. (Middle)		c. (Last) Holley		
4. DATE OF DEATH Dec. 7, 1953		(Month)		(Day)		(Year)			
5. SEX F.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) D.		8. DATE OF BIRTH Aug. 12, 1904			
9. AGE (In years last birthday) 49		IF UNDER 1 YEAR Months 3		IF UNDER 1 YEAR Days 25		IF UNDER 1 YEAR Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress - Pope Cafeteria			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) Esther, Mo.			
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Watson Fissell		13b. MOTHER'S MAIDEN NAME Elizabeth Unknown		14. NAME OF HUSBAND OR WIFE Willis Anderson			
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. 493-03-1122		17. INFORMANT'S SIGNATURE OR NAME Mr. Raymond Holley 111. ADDRESS 2985 N. 63 St. E. St. Louis					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) External hemorrhage following extraction of teeth, December 5, 1953 DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITION around 1100 am at 6112^a Easton Ave Conditions contributing to the death but not related to the disease or condition causing death						INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Accident				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about _____)		21c. (CITY, TOWN, OR TOWNSHIP) St. Louis Mo		(COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY Dec 5 53/11 A. m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 535 X					
22. I hereby certify that I attended the deceased from _____ 19____, to _____ 19____, that I last saw the deceased alive on _____ 19____, and that death occurred at 1058 m., from the causes and on the date stated above.									
23a. SIGNATURE Patricia Taylor Carner				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 12.8.53			
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE Dec. 9, 1953		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery		24d. LOCATION (City, town, or county) (State) Leadington, Missouri.			
DATE REC'D BY LOCAL DEC 8 1953		REGISTRAR'S SIGNATURE J. Carl Smith		FUNERAL DIRECTOR'S SIGNATURE J. Donnell		ADDRESS 3840 Lindell Blvd.			

Carelessness of patient. She waited until too much blood was lost before going to hospital. WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

