CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. PHYSICIANS should state ... supplied. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

32794

1. PLACE OF DEATH

County ..... Registration District No. 701

Township ..... Primary Registration District No. 1003

City St. Louis (No. City Hospital # 1 St. ..... Ward)

File No. .....

Registered No. 9658

2. FULL NAME Glendo Erwin Nagel

(a) Residence, No. 1948a Arsenal St., 24 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21, 1906

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
25	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mfg. of Shoes

10. Date deceased last worked at this occupation (month and year) Sept 1931

11. Total time (years) spent in this occupation 2 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Herman Mo.

FATHER

13. NAME Emil Nagel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Lena Emo

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Emil Nagel Herman Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Herman Mo. DATE 9.17 1931 19

19. UNDERTAKER (ADDRESS) Ruedeger Und Co. Herman Mo.

20. FILED SEP 14 1931 19 Max C Rankin Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physic Co. Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 13 1931

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12 50 m.

The principal cause of death and related causes of importance were as follows:

175 B

Fractured Skull, Cerebral Haemorrhage traumatic, received when struck on head by club. In St Louis Mo

Date of onset

Other contributory causes of importance:

175 Homicide

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury Sept 13, 1931

Where did injury occur? St Louis Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Struck on head (club)

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John J. Hurley, M.D.

9/14/31 (Address) Deputy Coroner