

WHILE PRINTING, WITH UNFADING INK---THIS IS A PERMANENT RECORD

PR 5 - 1939

REC'D APR 7

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

12344
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township Primary Registration District No. 115
(c) City University City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 7036 Camden Court St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF Charles Nagel
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 24th, 1860

7. AGE YEARS 78 MONTHS 6 DAYS 9 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Sept. 1937 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Basel, Switzerland (STATE OR COUNTRY)

FATHER 13. NAME Fritz Yoerin 14. BIRTHPLACE (CITY OR TOWN) Basel, Switzerland (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Marie Thommen 16. BIRTHPLACE (CITY OR TOWN) Basel, Switzerland (STATE OR COUNTRY)

17. INFORMANT Mrs. Edward Hill (ADDRESS) University City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Johns Cemetery DATE April 6, 1939

19. FUNERAL DIRECTOR (NAME) Lachmann - Bane (ADDRESS) St. Charles, Mo

20. FILED APR 5 - 1939 W. R. Meyer, D.D.P. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3rd, 1939
22. I HEREBY CERTIFY, That I attended deceased from April 20, 1939, to April 3, 1939
I last saw him alive on April 3, 1939 Death is said to have occurred on the date stated above, at 7:30 P. m.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
Other contributory causes of importance: 936

Name of operation cornea Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Edward Hill, M. D.
(Address) 1194 Woodmont Ave.

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

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Arthur C. Dune*.....

Licensed Embalmer No..... *3125*.....

P. O. Address..... *St Charles 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 this body is not embalmed, above space should be left blank.