DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20436

Registration District No. JUL 12 1939 791

Primary Registration District No.

Registrar's No. 5280

1. PLACE OF DEATH: 1008

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6309 Alaska ave. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 81yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 6309 Alaska ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Theodore Nagel

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frances

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Dec. 24, 1858
(Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 17 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Engineer Mo. Pac. R. R. Retired

11. Industry or business Mo. Pac. R. R. 0

FATHER
12. Name Henry Nagel
13. Birthplace Germany (City, town, or county) 6 (State or foreign country)

MOTHER
14. Maiden name Lisetta Bude
15. Birthplace Germany (City, town, or county) 6 (State or foreign country)

16. (a) Informant's own signature G. T. Nagel
(b) Address 6309 Alaska ave.

17. (a) Mt Burial Cem. (Burial, cremation, or removal) (b) Date thereof June 14, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cem.

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.
(b) Address 7814 S. Broadway

19. (a) JUN 13 1939 (Date received local registrar) (b) J. F. Biedick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1939 4 hour 15 minute p. M.

21. I hereby certify that I attended the deceased from June 10-39, 19, to June 11, 1939;
that I last saw him alive on June 11, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis

Due to Senility

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration do not know

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury 1

23. Signature Owen McCann (M. D. or other) MD
Address 7606 Wimbledon Date signed June 12

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 5-17-39 I X19511

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.....Edwin H. Leibinger

Licensed Embalmer No.....4049

P. O. Address.....6464 Chippewa

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.