

No. 2
1-13-40
17-39
I X23159

FILED OCT 18 1940

State File No. _____

Registration District No. _____

Primary Registration District No. 53-80

Registrar's No. 14-38

1. PLACE OF DEATH:

(a) County Jefferson County

(b) City or town Eureka Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.R. #1 Rural - Meramec
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 10 months years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jefferson

(c) City or town Eureka
(If outside city or town limits, write "RURAL")

(d) Street No. R.R. #1 (If rural, give location)

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

3. (a) PRINT FULL NAME KATHERINE NESSLAGE

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife George Nessler 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 27 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>10</u>	<u>3</u>	hr. min.

9. Birthplace Germany Foreign? Foreign
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Kerman Nessler

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Ammerkamp

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rudy Noenlmann

(b) Address Eureka Mo. R.R. #1

17. (a) REMOVAL (b) Date thereof 8-31-40
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. CHARLES, Mo

18. (a) Signature of funeral director DALLMEYER & SON

(b) Address ST. CHARLES, Mo

19. (a) 31 Aug 1940 (b) James A. Louwene
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30 year 1940 hour 8 minute 10-P M.

21. I hereby certify that I attended the deceased from Aug 18, 1940, to Aug 30, 1940; that I last saw ER alive on Aug 30, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration about 15 hrs

Due to Hypertensive cardiovascular disease 10 yrs.

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: none performed.

Of operations _____

Of autopsy none performed.

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?

3. (a) _____ (Specify type of place) (b) _____ (e) Means of injury _____

23. Signature A. Beckmeyer or other _____

Address Eureka, Missouri Date signed 8/30/40

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

MOTHER FATHER

1000000

1-1077

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.....

Guy W Wilkerson

Licensed Embalmer No.....

3575

P. O. Address.....

*4700 Washington
St Louis*

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, fact should be so stated above.