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13-40
7-39
X22489

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Anthonys Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Arthur C. Nugent

3. (b) If veteran, name war No. 3. (c) Social Security No. 488-09-1752

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

6. (b) Name of husband or wife Lucy Nugent 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Jan. 23 1879
(Month) (Day) (Year)

8. AGE: Years 61 Months 8 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Philadelphia Pa.
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe Worker

11. Industry or business At home

12. Name Thomas B. Nugent

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

14. Maiden name Ruth Benson

15. Birthplace St. Michael Maryland
(City, town, or county) (State or foreign country)

16. (a) Informant Lucy Nugent

(b) Address 4921 Eichelberger Ave.

17. (a) Removal (b) Date thereof 10-19-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Payson Ill.

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 S. Kingshighway Blvd.

19. (a) OCT 17 1940 (b) J. B. [Signature]
(Date received local registrar) (Signature of embalmers)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis 14
(If outside city or town limits, write "RURAL")
(d) Street No. 4921 Eichelberger Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17
year 1940 hour 4:40 a.m./minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Pulmonary Edema with Chronic Rheumatoid

Due to Myocarditis

Other conditions Influenza
(Include pregnancy within 3 months of death)

Major findings: Of operations Nephrosclerosis

Of autopsy 131

Duration

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? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address [Signature] Date signed 10/17/40

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 *Reinhold K. Lohman*

Licensed Embalmer No. *3395*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.