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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33916 8613

NOV 10 1940

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(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: 6721 Scanlan
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

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

(d) Street No. 6721 Scanlan
(If rural, give location)

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

3. (a) PRINT FULL NAME Bernard C. Nufer

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race Wh.

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

6. (b) Name of husband or wife Augusta Nufer

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased August 4, 1866 (Month) (Day) (Year)

8. AGE: Years 74. Months 2 Days 13 If less than one day hr. min.

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

10. Usual occupation Retired 5 years

11. Industry or business Coach carpenter

MOTHER FATHER

12. Name Bernard Nufer

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

14. Maiden name Unknown

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

16. (a) Informant Mrs A. Nufer

(b) Address 6721 Scanlan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-21-40 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Southern Funeral

(b) Address 6322 S. Grand

19. (a) OCT 18 1940 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 17 year 1940 hour minute 5 p. M.

21. I hereby certify that I attended the deceased from August 24, 1940, to October 17, 1940 that I last saw h. alive on October 16, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertensive heart disease	6 years.
Due to arteriosclerosis	6 years.
Due to Gangrene of leg due to popliteal embolus	8 wks.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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)

(e) Means of injury

While at work?

23. Signature Leroy J. Stephens (M. D. or other) M.D

Address 5419 S. Grand Blvd Date signed 10-17-40

(Licensed Embalmer's Statement on Reverse Side)

Rr Stephens
1-3

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 Virgil L. Berryman

Licensed Embalmer No. 4018

P. O. Address St. Louis Mo

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.