

Registration District No. **791** Primary Registration District No. **1003**

**NOV 16 1940**

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

**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: St. Anthony Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
(Specify whether \_\_\_\_\_)  
In this community 38 years  
(years, months or days)

3. (a) PRINT FULL NAME Charles Nekola  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. 452-05-8076

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife Dollie Nekola 6. (c) Age of husband or wife if alive --- years  
7. Birth date of deceased July 22, 1877  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>2</u>	<u>27</u>	hr. _____ min. _____

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

10. Usual occupation Grocery Clerk

11. Industry or business Moll Grocery

12. Name Mathias Nekola

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

14. Maiden name Unknown

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

16. (a) Informant Mrs Elmer Florian  
(b) Address 3939 Connecticut

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

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wacker-Weldert  
(b) Address 2331 S. Broadway

19. OCT 19 1940 (Date received local registrar) (b) J.F. Bedeck (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 16  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3939 Connecticut  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct. day 18  
year 1940 hour 2 minute 20 a.m.

21. I hereby certify that I attended the deceased from September 30<sup>th</sup>, 1940 to October 18<sup>th</sup>, 1940, that I last saw him alive on October 19<sup>th</sup>, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Uremia caused by chr. int. nephritis Duration 3 days

Due to Hypertensive myocarditis 23 years

Due to Atherosclerosis ?

Other conditions (Include pregnancy within 3 months of death) 131

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? \_\_\_\_\_

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

23. Signature Walter J. Gunn (M. D. or other) M.D.  
Address 4738 A Snow Date signed 10/19/40

**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.....

*Frank J. W. Paul*

Licensed Embalmer No.....

*2645*

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.**