

18 1941
791

STANDARD CERTIFICATE OF DEATH

State File No. 30137

Registrar's No. 7476

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(e) 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:
3654 Shaw Ave.
(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 Ellen Leurinda Nagel

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

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

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

7. Birth date of deceased. Jan. 16 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 29 If less than one day hr. _____ min.

9. Birthplace Rome Co. Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name James Cook
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

{ 14. Maiden name Martha Peters
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel Philips
(b) Address 3654 Shaw Ave.

17. (a) Removal (b) Date thereof 9/17/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Houston, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) SEP 16 1941 (b) J. Bredich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3654 Shaw Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15
year 1941 hour 2 minute 35 P. M.

21. I hereby certify that I attended the deceased from August 29 to Sept 15, 1941;
that I last saw her alive on Sept 13, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus

Due to arteriosclerosis

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

Major findings: Of operations 19
Of autopsy 59

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) NO
(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) (b) Means of injury _____
23. Signature Joseph E. Carney (M. D.)
Address 525 Frisco Bldg Date signed 9-16-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Gay W. Wilkinson

Licensed Embalmer No. *35-75*

P. O. Address.....

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.