DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

36597

State File No.

DEC 22 1941

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 8826

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital #1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~St. Louis~~

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

(d) Street No. 1506 Montgomery St (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Oscar Nestmann

3. (b) If veteran, name war No.

3. (c) Social Security No. 499-07-2470

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased October 7 1882. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
59	0	28	hr. min.

9. Birthplace St. Louis, Missouri. (City, town, or county) (State or foreign country)

10. Usual occupation Shoeworker, Unemployed.

11. Industry or business

FATHER 12. Name Henry Nestmann.

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

MOTHER 14. Maiden name Mary Lohe.

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

16. (a) Informant Mike H. Nestmann.

(b) Address 1506 Montgomery St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-8-41. (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) NOV 7 1941 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 5. year 1941 hour 4:20 minute P. M.

21. I hereby certify that I attended the deceased from September 29. 1941 to November 5. 1941; that I last saw him alive on November 5. 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Bladder / Urinary Bladder — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Same

Of autopsy Same

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)

While at work? (e) Means of injury

23. Signature M. W. Johnson (M. D. or other)

Address 1515 Lafayette Ave. Date 11/6/41

(Licensed Embalmer's Statement on Reverse Side)

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

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis a

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

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