S. No. 2
M—5-42
5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 28 1942 918

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32280

Registrar's No. 8707

**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:
2025 S. 2nd Street //
(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)

**2. USUAL RESIDENCE OF DECEASED:** 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 923
(If outside city or town limits, write "RURAL")

(d) Street No. 2025 Rear South 2nd St.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME George Nehring

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Clara Nehring

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased March 2, 1872
(Month) (Day) (Year)

8. AGE: Years 70 | Months 7 | Days 15 | If less than one day hr. min.

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

10. Usual occupation Retired Teamster

11. Industry or business

FATHER
12. Name Carl Nehring
13. Birthplace Freeburg (City, town, or county) Illinois / (State or foreign country)

MOTHER
14. Maiden name Josephine Degenhardt
15. Birthplace (City, town, or county) Illinois / (State or foreign country)

16. (a) Informant Mrs. Clara Nehring
(b) Address 2025 Rear S. 2nd St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 21/42 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Weick Bros. Und. Co.
(b) Address 2201 S. Grand Bl.

19. (a) OCT 20 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct. day 17
year 1942 hour 5:15 minute 0 P.M.

21. I hereby certify that I attended the deceased from
, 19, to / , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Subdural Hemorrhage of Brain when he was beaten with a chair in the hands of one Alvin Marvin Doerr around 4:30 P.M. Oct 17 1942 at 2025 S. 2nd St

Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 168 +

Of autopsy 175

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) Manslaughter

(b) Date of occurrence Oct 17, 1942

(c) Where did injury occur? St. Louis (City or town) Mo (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In home
(Specify type of place)

While at work? (e) Means of injury

23. Signature Thomas F. Callaman (M.D. or other)

Address Deputy Coroner Date signed 10/20/42

(Licensed Embalmer's Statement on Reverse Side)

## 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 Harry A. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

**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.**