

S. No. 2  
M-5-42  
v. 5-17-39  
X32873

35733

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED NOV 16 1942

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9341**

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:  
**612 Holly A ve /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **None**  
(Specify whether years, months or days)  
In this community **66 years**

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. **612 Holly Ave**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Frank Nagel**  
(b) If veteran, **None** name war.....  
(c) Social Security No.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **November** day **7th**  
year **1942** hour **11:30 PM** minute..... M.

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
(b) Name of husband or wife **Christina Nagel nee Niekum**  
(c) Age of husband or wife if alive **68** years  
7. Birth date of deceased **December 31, 1864**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **12** to **25** 19**42** to **11-7** 19**42**  
that I last saw him alive on **11-6** 19**42**  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>77</b>	<b>10</b>	<b>7</b>	hr. min.

Immediate cause of death.....  
*Chronic myocarditis*  
Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

9. Birthplace **Unknown** **Germany 4**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Tanner**

Major findings:  
Of operations.....  
Of autopsy.....  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

11. Industry or business.....  
12. Name **Fred Nagel**  
13. Birthplace **Unknown** **Germany 4**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown** **Germany 4**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Christina Nagel**  
(b) Address **612 Holly Ave**

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?

17. (a) **Burial** (b) Date thereof **11/10/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Friedens Cemetery**  
18. (a) Signature of funeral director **Math Hermann & Son**  
(b) Address **2161 East Fair Ave**

While at work?..... (Specify type of place) (c) Means of injury.....  
23. Signature **J. E. Morris** (M. D. or other)  
Address **405 W. Flournoy** Date signed **11-9-42**

19. (a) **NOV 9 1942** (b) **J. Z. Bredenk**  
(Date received local registrar) (Registrar's signature)

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

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**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 *William G. Buchholz*

Licensed Embalmer No. *2110*

P. O. Address *St Louis, Mo*

**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.**