V. S. No. 2
100M—2-43
Rev. 5-17-39
Form I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26486

FILED SEP 8 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7255

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's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis 9 14
(If outside city or town limits, write "RURAL")

(d) Street No. 6404 Chippewa
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Rose Nagel

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Alphonse Nagel

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

7. Birth date of deceased June 15 1891
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
53	2	5	hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Fred Scholz

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER

14. Maiden name Mary Hussman

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant William Nagel

(b) Address 6404 Chippewa, St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-23-1944 (Month) (Day) (Year)

(c) Place burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director C. HOFFMEISTER COLONIAL MORTUARY

(b) Address 6404 Chippewa, St. Louis, Mo.

19. (a) AUG 21 1944 (Date received local registrar) J. J. Bradecki (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 20 year 1944 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from Aug 15, 1944, to Aug 20, 1944, that I last saw her alive on Aug 19, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Rupture Vent of Heart	Sudden
Due to Myocardial Infarct	5 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations —

Of autopsy Coronary Infarct Rupture Heart muscle

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 0

23. Signature Robert T. Warner (M. D. or other) MD

Address Paul Brown Bldg Date signed Aug 21-44

St Louis Mo

(Licensed Embalmer's Statement on Reverse Side)

Dr. Robert Warner
Paul Brown Bldg
Cleo. 4747

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 J Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Tennyson 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.