S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 21 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39582

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10608

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: Barnes Hospital O
(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:
(a) State ~~Missouri~~ Illinois (b) County Cass
(c) City or town Beardstown
(If outside city or town limits, write "RURAL")
(d) Street No. NR.
(If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Paul Nagel
3. (b) If veteran, name war World War I
3. (c) Social Security No. Unk.
4. Sex Male O
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edna Nagel
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Oct. (Month) 20 (Day) 1893 (Year)
8. AGE: Years 52 Months 1 Days 15 If less than one day hr. min.
9. Birthplace (City, town, or county) Illinois (State or foreign country)
10. Usual occupation R.R. Conductor
11. Industry or business
FATHER 12. Name Frederick Nagel
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Frances Powell
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Edna Nagel
(b) Address Beardstown, Ill.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-5-45 (Month) (Day) (Year)
(c) Place: burial or cremation Beardstown, Ill.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) DEC 6 1945 (Date received local registrar) (b) J. R. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5 year 1945 hour 9 minute 35 a 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: Fracture of Cervical Vertebrae with Cervical hemorrhage of the brain when found at the bottom of a Stairway leading up into the Emporium Tavern Hotel of Beardstown Illinois on Dec. 3rd 1945 at about 6:00 O'clock

Duration

Due to: Chronic Alcoholism

Other conditions (Include pregnancy within 3 months of death): Cirrhosis and Trauma of Bones

Could not be determined

Major findings:
Of operations: None
Of autopsy: None

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) Fall Downstairs
(b) Date of occurrence? Dec 3 1945
(c) Where did injury occur? Tavern (City or town) Beardstown (County) Cass (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Tavern Hotel (Specify type of place)
While at work? (e) Means of injury: 6 Accidental
23. Signature Dr. Alfred J. Curry (M. D. or other)
Address Dep. Coroner Date signed 12/6/45

(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 John Ogonoski

Licensed Embalmer No. 3398

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.