

FILED SEP 8 1946

Registration District No. **818** Primary Registration District No. **1003** Registrar's No. **7428**

1. PLACE OF DEATH:

(a) County **St. Louis**

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

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

(d) Length of stay: In hospital or institution _____
In this community **59 yrs. 4 mos. 13 das**
(Specify whether years, months or days)

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. **2517a W. Dodier**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Henry Nuernberg, Jr**

3. (b) If veteran, name war **World War #1** 3. (c) Social Security No. _____

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 **April 14, 1887**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **27** year **1946** hour _____ minute **30 PM**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
59	4	13	hr. _____ min. _____

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

10. Usual occupation **Com. laborer**

Immediate cause of death **Thrombosis, due to angina, after he was found hanging from the trunk of a closet in the hall way of his home, with heavy wrapping cord around his neck Aug 27, 1946 about 6:30 PM**

Other conditions _____ (Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name **Henry Nuernberg, Sr**

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

14. Maiden name **Mary Lemborius**

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

16. (a) Informant **Marie Seaman**
(b) Address **2517a Dodier St W.**

17. (a) **burial** (b) Date thereof **8-30-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Galvary Cemetery**

18. (a) Signature of funeral director **Godhart Godhart**
(b) Address **2228 St. Louis Ave**

19. (a) **AUG 28 1946** (b) **J. F. Breese**
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **suicide**
(b) Date of occurrence **Aug 27 1946**
(c) Where did injury occur? **St. Louis**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? **no** (Specify type of place) _____
(a) Means of injury **hanging**

23. Signature **Alfred J. Perry** (M. D. or other) _____
Address **Deputy Coroner** Date signed _____

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

21-510-1-4

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 Elmo R. Padwell
Licensed Embalmer No. 4077
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.