

FILED DEC 22 1947 **318**

Primary Registration District No. **1003**

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

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: **Brookside City Hospital 3**
(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** (b) County..... **000**

(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL") **17**

(d) Street No. **3229 Montgomery St**
(If rural, give location) **9**

(e) Citizen of foreign country?..... (Yes or No) **0**

If yes, name country.....

3. (a) PRINT FULL NAME..... **Harry H. Nagel**

3. (b) If veteran, name war..... **World War I**

3. (c) Social Security No. **492-16-1854**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Dec.** day..... **8**
year..... **1947** hour..... **5** minute..... **37** P. M.

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..... **June 14 1882**
(Month) (Day) (Year)

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. **Duration**

8. AGE:

Years	Months	Days	If less than one day
65	5	24 hr. min.

Immediate cause of death.....
Chronic Myocarditis

Due to.....
Chronic Interstitial Nephritis

Due to.....
1/31

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

10. Usual occupation..... **Unemployed**

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

MOTHER FATHER

11. Industry or business.....

12. Name..... **Philip M. Nagel**

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

14. Maiden name..... **Mary T. Klingabell**

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

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause of which death should be charged statistically.

16. (a) Informant..... **William Nagel**

(b) Address..... **5446 Geraldine Ave.**

17. (a) **Burial** (b) Date thereof..... **12-12-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Memorial Park Cemetery**

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?..... **3**

18. (a) Signature of funeral director..... **Albert H. Hoppe**

(b) Address..... **4700 Washington Blvd.**

19. (a)..... **DEC 10 1947 J. F. Bredbeck**
(Date received local registrar) (Registrar's signature)

23. Signature..... **Patrick E. Taylor**
While at work?..... (Specify type of place) Means of injury.....

Address..... **Dep. Coroner** Date signed..... **12/10/47**

