

FILED AUG 16 1948

State File No. _____

Registration District No. 270

Primary Registration District No. 3058

Registrar's No. 158

1. PLACE OF DEATH: St. Charles
 (a) County St. Charles
 (b) City or town St. Charles
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution St. Joseph's Hospital (1)
 (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)

3. (a) PRINT FULL NAME Donald Nadler
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced 1
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 4 1948
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 4 hr. 32 min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
 12. Name Vernon Fredrick Nadler
 13. Birthplace Defiance, Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Olivia Caroline Dredman
 15. Birthplace Dutzow, Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant FATHER
 (b) Address 1415 No 3rd St.

17. (a) Burial (b) Date thereof Aug 5, 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Banyone

18. (a) Signature of funeral director Wickmann Bone

(b) Address St. Charles, Mo.

19. (a) Aug 10 1948 (b) James Hamilton
 (Date received at local registrar) (Registrar's signature) of C.F.I.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Charles
 (c) City or town St. Charles
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1415 Nth 3rd Str.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4th
 year 1948 hour 10:35 minute A M.

21. I hereby certify that I attended the deceased from 8/2/48
 _____, 19____, to 8/4/48, 19____
 that I last saw him alive on 8/4/48, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth Duration 2 days

Due to 6 1/2 months

Due to Premature Previa 6 1/2 mo
 Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations 159
 Of autopsy _____
 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?

While at work? _____ (Specify type of place) (d) Means of injury S

Signature R J Burdick MD (M. D. or other)
 Address 26 S. Main St. Charles, Mo. Date signed 8/5/48

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed AUG 13 1948

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.....

Charles J. Mack

Licensed Embalmer No.

4530

P. O. Address,

St Charles, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.