DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 15 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25609

Registration District No. 43 Primary Registration District No. 5144 Registrar's No. 293

1. PLACE OF DEATH:
(a) County: Butler
(b) City or town: Rural — St Francis Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wappappello Lake - 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: ~~Butler~~ St. Louis
(c) City or town: ~~R~~ St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 5826 Mardel
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Edward Nelson Nessel
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mrs Faye Nessel
6. (c) Age of husband or wife if alive: 36 years
7. Birth date of deceased: June 13, 1907 (Month) (Day) (Year)

8. AGE: Years: 41 Months: 2 Days: 22 If less than one day: hr. min.

9. Birthplace: St. Louis, Mo 0 (City, town, or county) (State or foreign country)
10. Usual occupation: Salesman
11. Industry or business: Anheuser-Bush Brewery
FATHER
12. Name: Jesse Nessel
13. Birthplace: St. Louis, Mo 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mary Slezak
15. Birthplace: St. Louis, Mo. 0 (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Faye Nessel
(b) Address: 5826 Mardel — St. Louis, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 9-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation: St Louis Mo
18. (a) Signature of funeral director: Frank-Cotrell
(b) Address: Poplar Bluff Mo.
19. (a) 9-9-48 (Date received local registrar) (b) B. H. Mueller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept day: 5 year: 1948 hour: 6:50 minute: P. 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: Asphyxiation
Due to: Drowning
Due to: Falling from a boat in Lake

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

Major findings:
Of operations:
Of autopsy:

Duration

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): Accident
(b) Date of occurrence: Sept 5-1948 12
(c) Where did injury occur? Butler Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public, Goverment Controlled Lake (Specify type of place)
While at work? no (e) Means of injury: Fell from Boat
23. Signature: George W. Green Coroner (M.D. or Coroner)
Address: Poplar Bluff Mo Date signed: 9/8-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No.
District File Number 948-116
Date Filed 9-13-48

SEP 20 1948

SEP 27 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 John M. Davies, Registered Apprentice No. 487 working under my personal supervision.

Signed Grover W. Greer

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff

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

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