

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

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7-39
3906

FILED OCT 9 1948

State File No. 8559

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Park Lane Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 17

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

(d) Street No. 5307 No. Broadway
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Daniel David Nagle

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color 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 Sept 26 1948
(Month) (Day) (Year)

8. AGE: Years Months Days 3 If less than one day hr. min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name Daniel Nagle

13. Birthplace St. Louis Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Eucille Garr

15. Birthplace St. James MO
(City, town, or county) (State or foreign country)

16. (a) Informant Daniel Nagle

(b) Address 5307 No. Broadway

17. (a) BURIAL (b) Date thereof Oct. 2 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Ferdinand Cem.

18. (a) Signature of funeral director SULLIVAN'S

(b) Address 849 No Euclid

19. (a) OCT 1 1948 (b) J. F. Breneck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30 th, year 1948 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from Sept. 27, 1948, to Sept 30, 1948

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

Immediate cause of death.....

ATELECTASIS

Due to.....

Due to.....

Other conditions (Include pregnancy within 5 months of death).....

Major findings: Of operations.....

Of autopsy.....

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).....

(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)

(b) Means of injury.....

23. Signature N. A. Knishville M.D. (M.D. or other).....

Address 8201 N. Broadway Date signed Oct 1 1948

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....
Carl L. Demmon

Licensed Embalmer No..... *3553*

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.