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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED JAN 21 1949

U.S. DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

42760  
State File No. \_\_\_\_\_  
Registrar's No. 2906

Registration District No. 317

Primary Registration District No. 3069

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
St. Mary's  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days  
(Specify whether years, months or days)

In this community 5 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison 957

(c) City or town Granite City  
(If outside city or town limits, write "RURAL")

(d) Street No. 2800 Grand Ave.  
(If rural, give location)

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

3: (a) PRINT FULL NAME John Joseph Nenninger, Sr.

3. (b) If veteran, No name war \_\_\_\_\_

3. (c) Social Security No. 318-12-1810

4. Sex Male  Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frances

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased July 17th 1891  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>5</u>	<u>0</u>	hr. _____ min. _____

9. Birthplace Monheim Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist

11. Industry or business General Steel Castings

12. Name John Joseph Nenninger

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

14. Maiden name Josephine Berberick

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Frances Nenninger

(b) Address Granite City Ill

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/20/48  
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary, Edwardsville Ill.

18. (a) Signature of funeral director Frank Price

(b) Address Granite City Ill

19. (a) 12-18-48 (Date received local registrar) (b) Shirley B. Hurrey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17th  
year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 12 Dec 48  
\_\_\_\_\_ 19\_\_\_\_ to 17 Dec 48 19\_\_\_\_;  
that I last saw him alive on 17 Dec 48 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Gunshot wd skull Duration 5 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Includes pregnancy within 3 months of death) 15

Major findings: Gunshot wd. rt temporal & lt frontal. PHYSICIAN \_\_\_\_\_

Of operations \_\_\_\_\_

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) suicide

(b) Date of occurrence 12 Dec 48

(c) Where did injury occur? Granite City Ill  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
John Nenninger at home  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Paul W. Wood M. D. or other \_\_\_\_\_  
Address 16 Hamilton Plaza Date signed 18 Dec 48

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

MOTHER FATHER

JAN 27 1940

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**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 J. Allen Davis  
Licensed Embalmer No. 4653  
P. O. Address R.D.

**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.**