

FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14839
3987
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2550 Arlington Avenue		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis	
		d. STREET ADDRESS (If rural, give location) .2550 Arlington Avenue	

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) J. c. (Last) Nehring		4. DATE OF DEATH (Month) (Day) (Year) May 1st, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 25th, 1879
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months 6	IF UNDER 1 HR. Days 6 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Elevator Ser.		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Germany
		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME John Theophil Nehring		13b. MOTHER'S MAIDEN NAME Mary Ann Schlager		14. NAME OF HUSBAND OR WIFE Elizabeth Nehring nee Capik	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elizabeth Nehring, 2550 Arlington Avenue	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Decompensation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Emphysema		INTERVAL BETWEEN ONSET AND DEATH 12 hrs 3 yrs 10 yrs 10 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Aug 11, 1947**, to **May 1, 1950**, that I last saw the deceased alive on **May 1, 1950**, and that death occurred at **5:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert W. Crossman, M.D.		23b. ADDRESS 607 N. Grand Ave.		23c. DATE SIGNED May 2, 50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/4/50		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) Saint Louis, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz		ADDRESS 4828 Natural Bridge Blvd.	

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

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