

FILED NOV 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38871
State File No. 9245
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 38871		Registrar's No. 9245					
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 St. Louis			c. LENGTH OF STAY (In this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			0159				
d. FULL NAME OF HOSPITAL OR INSTITUTION 6640 Gravois Ave				15. STREET ADDRESS (If rural, give location) 4460 Gravois Ave									
3. NAME OF DECEASED a. (First) Bartha			b. (Middle) _____			c. (Last) Nerl			4. DATE OF DEATH (Month) (Day) (Year) 10-28-1950				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH 6-5-1873		9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (State or foreign country) Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Casper Juengle				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE *****					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Otto Nerl ADDRESS 6640 Gravois Ave							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)													
MEDICAL CERTIFICATION													
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion													
INTERVAL BETWEEN ONSET AND DEATH _____													
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.													
ANTECEDENT CAUSES													
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.													
DUE TO (b) Arterio-sclerosis													
DUE TO (c) Old Age													
II. OTHER SIGNIFICANT CONDITIONS													
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of left heart													
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____								20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 4201							
22. I hereby certify that I attended the deceased from 6-30, 1950 , to 10-28, 1950 , that I last saw the deceased alive on 10-27, 1950 , and that death occurred at 8:15 a.m. , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) Bernard Plach M.D.						23b. ADDRESS 3831 So Grand Blain 18 Mo			23c. DATE SIGNED 10-30-50				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-31-1950		24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery			24d. LOCATION (City, town, or county) (State) 4860 Bates St. Mo						
DATE REC'D BY LOCAL REG. OCT 31 1950		REGISTRAR'S SIGNATURE J. B. Lasater				25. FUNERAL DIRECTOR'S SIGNATURE Biegenheim Bros ADDRESS 6409 Gravois Ave							

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

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.

Student Embalmer No.

Signed _____

Law M. Simon

Signed.....

Student Embalmer

Licensed Embalmer No. _____

4343

P. O. Address _____

St Louis Mo

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.