

FILED AUG 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23480

BIRTH NO. _____		REG. DIST. NO. 162		PRIMARY REG. DIST. NO. 5594		Registrar's No. 52			
1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Meramec Twshp.			c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves 4307				
d. FULL NAME OF HOSPITAL OR INSTITUTION Eureka Gardens				d. STREET ADDRESS (If rural, give location) 705 Lanvale Ave. 1					
3. NAME OF DECEASED (Type or Print) FRANCIS HENRY NAGEL			a. (First) b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) July 21, 1951				
5. SEX 0 Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH April 22, 1933			
9. AGE (In years last birthday) 18		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U. S. Navy Reserve		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Frank W. Nagel			13b. MOTHER'S MAIDEN NAME Rosina Krugman		14. NAME OF HUSBAND OR WIFE Single				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. Navy Reserve 495-32-6070		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank W. Nagel, Webster Groves, Mo.					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Accidental DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9298				INTERVAL BETWEEN ONSET AND DEATH	
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) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Bay River		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Eureka Rk #1 Jefferson Mo					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7 41 1951 3:00 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Drowning					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23. SIGNATURE (Degree or title) Denton Maxwell Brown				23b. ADDRESS 101 Main St Festus Mo		23c. DATE SIGNED 7/24/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 24, 1951		24c. NAME OF CEMETERY OR CREMATORY Our Redeemer Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.			
DATE REC'D BY LOCAL REG. 7/28/51		REGISTRAR'S SIGNATURE (438) Ruth Jirsa		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis H. Bopp, Inc., Kirkwood, Mo.					

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

15-08-1
DATE RECEIVED 7-30-51
JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

AUG 6 1951

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.....
Student Embalmer

Signed Felix demand

Licensed Embalmer No. 3034

P. O. Address Nutwood 22 m

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.