

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26165  
REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6645

FILED JUL 22 1952

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, with RURAL and give township) OR TOWN Saint Louis		c. LENGTH OF STAY (in this place) 5 weeks		c. CITY (If outside corporate limits, with RURAL and give township) OR TOWN Saint Louis 2019	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hospital			d. STREET ADDRESS (If rural, give location) 6709 Leona Ave. 0		
3. NAME OF DECEASED (Type or Print) a. (First) HARRY		b. (Middle) DE WITT		c. (Last) NELGNER	
5. SEX Male D		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Oct. 17, 1891		9. AGE (In years last birthday) 60 yrs		10. IF UNDER 1 YEAR Months Days	
11. IF UNDER 1 YEAR Hours Min.		12. IF UNDER 1 YEAR Hours Min.		13. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dentist		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Saint Louis, Missouri 0	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Henry A. Nelgner		13b. MOTHER'S MAIDEN NAME Carrie Hanneman	
14. NAME OF HUSBAND OR WIFE Louis Andreas Nelgner		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no, or unknown) (If yes, give war or dates of service) Yes W W I		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Louise Nelgner, 6709 Leona Ave.		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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiation by hanging</u> when deceased hanged self with belt from backboard attached to <u>iron</u> bracket in lavatory at the <u>Alexian Bros. Hosp on July 7</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS: <u>1952 at about 12:15 pm</u> Suicide while suffering from temporary <u>adulation</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. ALL OPS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hosp		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 7 52 12 pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E974X	
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 <u>12:40 pm.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Signature) 3		23b. ADDRESS 13000 Clark St		23c. DATE SIGNED 7 9 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 10, 1952		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	
24d. LOCATION (City, town, or county) (State) Affton, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE J Carl Smith MA		ADDRESS TRUTH CENTER MORTUARY, 4024 Lindell Blvd.	
DATE REC'D BY LOCAL REG. JUL 9 1952		REGISTRAR'S SIGNATURE J Carl Smith MA		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ronald O. Yohuba

Licensed Embalmer No. 30917

P. O. Address St. Louis

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.