

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29846

State File No. _____

AUG 15 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7225**

1. PLACE OF DEATH a. COUNTY 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE 2300a Bremen COUNTY 2139	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION CITY INFIRMARY.		d. STREET ADDRESS (If rural, give location) 5800 Arsenal St.	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) HENRY	b. (Middle) FRANK	c. (Last) NAGEL	JULY 27 52		
5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, MARRIED	8. DATE OF BIRTH Dec. 17, 1875		9. AGE (In years last birthday) 76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY City of St. Louis		11. BIRTHPLACE (City and State or Foreign Country) SOMMERFIELD, ILL.	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME HENRY NAGEL	13b. MOTHER'S MAIDEN NAME BERTHA GRIMM	14. NAME OF HUSBAND OR WIFE HULDA NAGEL.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS CITY INFIRMARY RECORDS, 5800 ARSENAL ST.	
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized arteriosclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with cardiac component DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? 4500
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22. I hereby certify that I attended the deceased from **3-16**, 19 **50**, to **7-27**, 19 **52** that I last saw the deceased alive on **July 27**, 19 **52**, and that death occurred at **11:35 A.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Palmer Romain Rowlich M.D.	23b. ADDRESS 5800 Arsenal St. Louis	23c. DATE SIGNED 7-27-52
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE July 30, 1952	24c. NAME OF CEMETERY OR CREMATORY New Pickers Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis; Mo.
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DATE REC'D. BY LOCAL REG. JUL 28 1952	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leidner Und, Co. 2223 St. Louis Av.
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

Fred J. Garner

Licensed Embalmer No. 4781

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.