

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36694

State File No. _____

LED NOV 12 1952

318

REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1003

Registrar's No. _____

9659

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Mo		b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give town) St Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St Louis 2239		
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to City Hospital		d. STREET ADDRESS 158 S Trudeau		23		
3. NAME OF DECEASED (Type or Print) a. (First) Robert		b. (Middle) P		c. (Last) Nahler		
4. DATE OF DEATH (Month) (Day) (Year) Oct 20, 1952		5. SEX male 0		6. COLOR OR RACE white		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Oct 15, 1881		9. AGE (in years last birthday) 71		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Foundry		11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo U		
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Robert Nahler		13b. MOTHER'S MAIDEN NAME not known		
14. NAME OF HUSBAND OR WIFE Mary Nahler		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		
17. INFORMANT'S SIGNATURE OR NAME Mary Nahler		ADDRESS 158 S Trudeau				
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) ANTECEDENT CAUSES 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.				INTERVAL BETWEEN ONSET AND DEATH
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? 4221		
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 830A m., from the causes and on the date stated above.						
23a. SIGNATURE [Signature]		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 10/21/52		
24a. BURIAL, CREMATION, OR OTHER DISPOSAL Burial		24b. DATE 10/22/52		24c. NAME OF CEMETERY OR CREMATORY N Picker Cemetery		
24d. LOCATION (City, town, or county) St Louis Mo		24e. (State)				
DATE REC'D BY LOCAL REG. OCT 21 1952		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE J L Ziegenhein & Sons		
ADDRESS 7027 Gravois						

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

B. J. Kidwell

Licensed Embalmer No. *3877*

P. O. Address *7027 Gravois*

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.