THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32299
STATE FILE NUMBER

FILED SEP 26 1956

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8199

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Louis City Hospital #1 — Length of stay in 1b: 2 20 18

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location): 2717 a St. Louis Ave — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Rachel Middle: Last: Nesler
4. DATE OF DEATH: Month September Day 3 Year 1956
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐
8. DATE OF BIRTH: March 9, 1887
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 5 Days 25 — IF UNDER 24 HRS.: Hours Min.
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 (City and state or country): Kennett, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Pelts
14. MOTHER'S MAIDEN NAME: Lou Cook
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: James Nesler 2717 a St. Louis Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) myocardial infarct
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 4201
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 8-26-56, to 9-3-56 and last saw her alive on 9-3-56
Death occurred at 6:30a m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: John M. McCarthy (Degree or title) MD
22b. ADDRESS: 1515 Lafayette
22c. DATE SIGNED: 9-4-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Sept. 5.1956
23c. NAME OF CEMETERY OR CREMATORY: Friedens Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.
24. FUNERAL DIRECTOR ADDRESS: BEIDERWIEDEN F.H. INC. 1936 ST. LOUIS AVE.
25. DATE RECD. BY LOCAL REG.: SEP 5 1956
26. REGISTRAR'S SIGNATURE: Karl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.