

FILED NOV 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39667

State File No.

Registrar's No. 10305

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10305	
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, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4011 Flora Place				d. STREET ADDRESS (If rural, give location) 4011 Flora Place			
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES J. b. (Middle) NAHLIK c. (Last)			4. DATE OF DEATH Nov. 9, 1956				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 6, 1867	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 4 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor		10b. KIND OF BUSINESS OR INDUSTRY retired 5 yrs.		11. BIRTHPLACE (State or foreign country) Jerseyville, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Frank Nahlik		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Margaret M. Cordes Nahlik			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John H. Cordes-3919 Cordes Dr. Lemay			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerotic heart disease & decompensation</i> ANTECEDENT CAUSES DUE TO (b) <i>Arteriosclerosis, general</i> DUE TO (c) <i>Cerebral thrombosis</i> II. OTHER SIGNIFICANT CONDITIONS <i>Cerebral thrombosis</i> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 weeks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.0		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from June 1952 to Nov. 9, 1956, that I last saw the deceased alive on Nov. 8, 1956, and that death occurred at 11:57 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Name or Title) Joseph E. Caney M.D.				23b. ADDRESS 906 Olive St		23c. DATE SIGNED 11-9-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 12, 1956	24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Ceme.		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		
DATE REC'D BY LOCAL NOV 13 1956		REGISTRAR'S SIGNATURE J. Paul Smith M.D. m.j.p.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WACKER-HELDERLE-3634 Gravois Ave.			

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Robert Wheeler

Signed.....
Student Embalmer

Licensed Embalmer No. *2128*

P. O. Address *Marion 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.