

Health, Welfare, Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUN 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19117
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5157

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, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1.		Length of stay in lb #1.	d. STREET ADDRESS (If outside, give location) 2111 Alfred		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) CARL First A. NESSLEIN Middle Last			4. DATE OF DEATH MAY 31, 1957 Month Day Year		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb 16 1908	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Iron Worker Wm		10b. KIND OF BUSINESS OR INDUSTRY Reilly Construction	11. BIRTHPLACE (City and state or country) Perryville Mo		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Vincent P Nesslerin			14. MOTHER'S MAIDEN NAME Lillian Shelby		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) Yes WW # 2		16. SOCIAL SECURITY NO. -	17. INFORMANT Address Wife Gladys DeMoulin Nesslerin 2111 Alfred		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Septic Ilko - Femoral Thrombophlebitis DUE TO (b) Septic Emboli To Lungs DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 463X		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
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 4/20/57 to 5/31/57 and last saw her alive on 5/31/57 Death occurred at 5:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			22a. SIGNATURE (Degree or title) Glenn Schaefer Jr M.D.		
22a. SIGNATURE (Degree or title) Glenn Schaefer Jr M.D.			22b. ADDRESS 1515 LAFAYETTE AVE.		22c. DATE SIGNED 5/31/57.
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE June 3 57	23c. NAME OF CEMETERY OR CREMATORY National		23d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo	
24. FUNERAL DIRECTOR ADDRESS E.J. Schnur 3125 Lafayette			25. DATE RECD. BY LOCAL REG. JUN 3 57		26. REGISTRAR'S SIGNATURE J Carl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

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
Signature of Student Embalmer

Signed *Joseph B. Volkmann*

Licensed Embalmer No. *4401*

P. O. Address *3125 Palmyra*

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.