

**PURVIS DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-038366**

FILED NOV 16 1959

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 546 Registrar's No. 2886

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Overland</b>                          |  | Length of stay in 1b<br><b>1 Wk.</b>  | c. CITY OR TOWN <b>Overland</b> Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Rugh Manor Nursing Home</b> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>3258 Rex Ave.</b> Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <b>Ida</b> Middle <b>M.</b> Last <b>Nagel</b> |  |  | 4. DATE OF DEATH<br>Month <b>10</b> Day <b>30</b> Year <b>1959</b> |  |  |  |
|--|--|--|--|--|--|--|

|                         |                                  |   |                                   |                                     |                           |                        |       |      |
|-------------------------|----------------------------------|---|-----------------------------------|-------------------------------------|---------------------------|------------------------|-------|------|
| 5. SEX<br><b>Female</b> | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>7/6/80</b> | 9. AGE (last birthday)<br><b>79</b> | IF UNDER 1 YEAR<br>Months | IF UNDER 24 HR<br>Days | Hours | Min. |
|-------------------------|----------------------------------|---|-----------------------------------|-------------------------------------|---------------------------|------------------------|-------|------|

|   |  |  |  |
|---|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Home</b> | 11. BIRTHPLACE (City and state or country)<br><b>Jonesboro, Ill.</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b> |
|---|--|--|--|

|   |   |  |
|---|---|--|
| 13a. FATHER'S NAME<br><b>Henry Crawford</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Margaret Wagner</b> | 14. NAME OF HUSBAND OR WIFE<br><b>George Nagel</b> |
|---|---|--|

|   |  |   |
|---|--|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>sub.</b> | 17. INFORMANT Address<br><b>Miss Margaret Nagel, 3258 Rex</b> |
|---|--|---|

|   |  |  |
|---|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:                          |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 1/2</b>   |
| IMMEDIATE CAUSE (a)<br><b>Cardiac decompensated -</b>   |  |  |
| DUE TO (b)<br><b>Senility -</b>   |  |  |
| DUE TO (c)  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

|   |   |  |
|---|---|--|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 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.) |
|---|---|--|

|   |                                 |
|---|---------------------------------|
| 20c. TIME OF INJURY<br>Hour <b>4:30</b> a.m. p.m. | Month, Day, Year<br><b>1959</b> |
|---|---------------------------------|

|  |  |  |                      |       |
|--|--|--|----------------------|-------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION<br><b>St. Louis</b> | COUNTY<br><b>Mo.</b> | STATE |
|--|--|--|----------------------|-------|

21. I attended the deceased from 1955 to Oct 19 and last saw her live on Oct 13, 1959  
Death occurred at 4:30 a.m. on the date stated above, and to the best of my knowledge, from the cause stated.

|   |                   |   |                                 |
|---|-------------------|---|---------------------------------|
| 22a. SIGNATURE<br><i>Theresa E. Sunderman</i> | (Degree or title) | 22b. ADDRESS<br><b>4948 Adams Blvd.</b> | DATE SIGNED<br><b>Oct 30 59</b> |
|---|-------------------|---|---------------------------------|

|  |                             |  |  |
|--|-----------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b> | 23b. DATE<br><b>11/2/59</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Zion Cemetery</b> | 23d. LOCATION (City, town, or county)<br><b>St. Louis County Mo.</b> |
|--|-----------------------------|--|--|

|  |         |  |  |
|--|---------|--|--|
| 24. FUNERAL DIRECTOR<br><b>Drehmann-Harral, 1905 Union Blvd.</b> | ADDRESS | 25. DATE RECD. BY LOCAL REG<br><b>10-30-59</b> | 26. REGISTRAR'S SIGNATURE<br><i>John C. Murphy</i> |
|--|---------|--|--|

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. R. O. Sunderman  
4943 Natural Bridge  
Ev 5-3083  
Hrs. 1-5 Fri.

### 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 Warren A. Carve

Licensed Embalmer No. 3534

P. O. Address \_\_\_\_\_

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

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