

FILED VS AUG 17 1960

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SL 23044

7829

STATE FILE NUMBER

NDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7829

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MISSOURI</b>		Length of stay in 1b <b>6 HRS. 30 MINS.</b>	c. CITY OR TOWN <b>GIRARD</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VET ADM HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>THOMPSON APARTMENTS</b>

3. NAME OF DECEASED (Type or print)	First <b>ALBERT</b>	Middle <b>HERMAN</b>	Last <b>NAGEL</b>	4. DATE OF DEATH	Month <b>AUGUST</b>	Day <b>7</b>	Year <b>1960</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-29-10</b>	9. AGE (last birthday) <b>50</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 24 HR Hours	IF UNDER 24 HR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CARPENTER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (City and state or country) <b>GIRARD, ILLINOIS</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>WILLHELM NAGEL</b>	13b. MOTHER'S MAIDEN NAME <b>JOHANNA LOUNIG</b>	14. NAME OF HUSBAND OR WIFE <b>MILDRED NAGEL</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WWII</b>	16. SOCIAL SECURITY NO. <b>349-09-7139</b>	17. INFORMANT <b>MILDRED NAGEL, THOMPSON APTS. GIRARD, ILL.</b>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH <b>2 YEARS</b>
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IMMEDIATE CAUSE (a) <b>CARCINOMA RIGHT LUNG</b>	
CONDITIONS, OR OTHER CAUSES, WHICH GAVE RISE TO ABOVE CAUSE (e.g., "stroke," "falling," "lying on back," etc.) DUE TO (b) <i>[Handwritten signature]</i>	
DUE TO (c) <i>[Handwritten signature]</i>	<b>163x</b>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>8-12-60</b>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N- <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? 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.)
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20c. TIME OF INJURY Month, Day, Year	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	COUNTY	STATE
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21VA attended the deceased from <b>8-7-60</b> to <b>8-7-60</b> and last saw <sup>him</sup> alive on <b>8-7-60</b>
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Death occurred at **4:45 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>DAVID W. FERGUSON, M.D.</b>	22b. ADDRESS <b>VAH, ST. LOUIS, MO.</b>	22c. DATE SIGNED <b>8-7-60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>8-8-60</b>	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) <b>Girard, Ill.</b>
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24. FUNERAL DIRECTOR <b>Shane Funeral Home, Girard, Ill.</b>	25. DATE RECD. BY LOCAL REG. <b>AUG 9 1960</b>	26. REGISTRAR'S SIGNATURE <b>Loan Smith, M.D.</b>
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CLEAR THROUGH CORONERS OFFICE DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Elmer D. Palmer*

Licensed Embalmer No. 4077

P. O. Address St Louis

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.