MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-030996

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7692 STATE FILE NUMBER

AMENDED

FILED AUG 28 1961

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, Mo. — Length of stay in 1b 2 Da.

c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hosp.#1 — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 3835 3835 Marine Ave. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Ernest Middle Last Nebling

4. DATE OF DEATH Month Aug. Day 17 Year 1961

5. SEX M

6. COLOR OR RACE W.

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH Nov. 17 1879

9. AGE (last birthday) 81 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY Machinist

11. BIRTHPLACE (City and state or country) Germany

12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Mathew Mebling

13b. MOTHER'S MAIDEN NAME Martha (Unknown)

14. NAME OF HUSBAND OR WIFE Emma (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none

16. SOCIAL SECURITY NO. unavailable

17. INFORMANT Ronald Matoushek Address 2254 Judith Ct. St. Louis, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 491X

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) GENERALIZED ARTERIOSCLEROSIS UREMIA

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 8-15-61, to 8-17-61 and last saw her/him alive on 8-17-61

Death occurred at 2:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. E. Dottingham M.D.

22b. ADDRESS 1515 Lafayette Ave.

22c. DATE SIGNED 8-17-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE Aug 17, 61

23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park

23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

24. FUNERAL DIRECTOR ADDRESS Heiligtag--Imperial, Mo.

25. DATE RECD. BY LOCAL REG. AUG 18 1961

26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

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_____ Signed Elmer Heiligtag

Signature of Student Embalmer

Licensed Embalmer No. 3571

P. O. Address Imperial Md

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.