

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

**-61-046693**

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

**318**

**1003**

**11432**

STATE FILE NUMBER

Registration District No. <b>318</b>		Primary Registration District No.		Registrar's No. <b>11432</b>		STATE FILE NUMBER	
<b>FILED DEC 18 1961</b>							
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS MO</b>		a. STATE <b>Mo</b>		b. COUNTY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>4031 MIAMI</b>		Length of stay in lb		c. CITY OR TOWN <b>ST. LOUIS</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <b>4031 MIAMI</b>		(If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>ROBERT G. NENNERT</b>				4. DATE OF DEATH Month Day Year <b>DEC. 5 1961</b>			
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>FEB 2 1898</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED MILK DRIVER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>PEVELY DAIRY</b>		9. AGE (last birthday) <b>63</b>		IF UNDER 1 YEAR Months Days	
11. BIRTHPLACE (City and state or country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY <b>U-S-A</b>		IF UNDER 24 HR Hours Min.			
13a. FATHER'S NAME <b>SAMUEL NENNERT</b>		13b. MOTHER'S MAIDEN NAME <b>MARY SCHUESSLER</b>		14. NAME OF HUSBAND OR WIFE <b>LOUISE NENNERT</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>				17. INFORMANT Address <b>LOUISE NENNERT 4031 MIAMI ST</b>			
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
IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arterio-sclerotic Coronary Artery Cholesterol</b>							<b>1 min.</b>
DUE TO (c) <b>4201</b>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Pulmonary emphysema secondary to Chronic Bronchitis</b>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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.)			
20c. TIME OF INJURY. Hour a.m. p.m. 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	
21. I attended the deceased from <b>9/14/59</b> to <b>12/5/61</b> and last saw her/him alive on <b>12/4/61</b>		Death occurred at <b>7:30 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Edward W. Czuchra MD.</b>				22b. ADDRESS <b>3701 Grandel St</b>		22c. DATE SIGNED <b>12/7/61</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>DEC 9 1961</b>		23c. NAME OF CEMETERY OR CREMATORY <b>ST. PETER + PAUL CEM</b>		23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Thomas Kuttis 2906 Gravois</b>		25. DATE RECD. BY LOCAL REG. <b>DEC 8 1961</b>		26. REGISTRAR'S SIGNATURE <b>Loan Smith. M.D.</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1230-330  
of [unclear]  
Dec 3-4430

**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 [Signature]

Licensed Embalmer No. 8861

P. O. Address Clayton 51

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.