# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-033239
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2338

FILED AUG 20 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

14010
24026 2
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

| ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF |
|---|---|---|---|---|
| | | | | |

**1. PLACE OF DEATH**
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Berkeley — Length of stay in 1b: 8 months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Hubbartt Nursing Home — Inside Limits: Yes ☒ No ☐

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Hazelwood — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 610 Utz Road — Reside on Farm: Yes ☐ No ☒

**3. NAME OF DECEASED** (Type or print): First: EMMA Middle: CLARA Last: NAGLE

**4. DATE OF DEATH**: Month: August Day: 9 Year: 1962

**5. SEX**: female

**6. COLOR OR RACE**: white

**7.** Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

**8. DATE OF BIRTH**: 4/26/1878

**9. AGE** (last birthday): 84 years — 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): housework

**10b. KIND OF BUSINESS OR INDUSTRY**: HOME

**11. BIRTHPLACE** (City and state or country): St. Louis, Missouri

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

**13a. FATHER'S NAME**: Christ Hilf

**13b. MOTHER'S MAIDEN NAME**: Louise Goedecke

**14. NAME OF HUSBAND OR WIFE**: Robert E. Nagle

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.**:

**17. INFORMANT**: Address: Mrs. Wm. Barry - 4918 Theodore

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Chr. Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 8 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Arteriosclerosis — 1 yr
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Osteo-arthritis lumbar spine
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

MEDICAL CERTIFICATION

**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 Dec 13, 1961, to Aug 7, 1961 and last saw her/him alive on Aug 7, 1961
Death occurred at 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): M. A. Deller M.D.

**22b. ADDRESS**: 6385 Page Blvd St. Louis, Mo.

**22c. DATE SIGNED**: 8/10/62

**23a. BURIAL, CREMATION, REMOVAL** (Specify): removal

**23b. DATE**: August 13, 1962

**23c. NAME OF CEMETERY OR CREMATORY**: Calvary Cemetery

**23d. LOCATION** (City, town, or county) (State): St. Louis Missouri

**24. FUNERAL DIRECTOR**: BUCHHOLZ MORTUARY

ADDRESS: 5967 W. Florissant Ave

**25. DATE RECD. BY LOCAL REG.**: 8-11-62

**26. REGISTRAR'S SIGNATURE**: John C. Murphy 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 _____ Signed Gustav W Seiterle
Signature of Student Embalmer

Licensed Embalmer No. 4329

P. O. Address St Louis Mo

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.