WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

16684

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City..... (No. ....., ... St. ..... Ward)

File No. .....

Registered No. 4588

2. FULL NAME William G Nebel

(a) Residence. No. 2136 Stansbury St., 24 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ——

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 6 — 1911

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
16	3	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Invalid

(b) General nature of industry, business, or establishment in which employed (or employer): ——

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER John Nebel

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hermann
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Katherine Mueller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Hermann
(STATE OR COUNTRY) Mo.

14. INFORMANT John Nebel
(Address) 2136 Stansbury St.

15. FILED MAY 16 1927 Max C Starkoff (REGISTRAR)

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5 — 15 — 1927

17. I HEREBY CERTIFY, That I attended deceased from 1920, 1920, to 5/15-27, 1927 that I last saw him alive on 5/13/27, 1927, and that death occurred, on the date stated above, at 2 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Myocarditis Chronic

956 / 99A 90B

(duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (SECONDARY) Arthritis Deformans

(duration) 7 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? St Louis Mo

DID AN OPERATION PRECEDE DEATH? No. DATE OF ~~5/15/27~~

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? No

(Signed) Emil A Burst, M. D

, 19 (Address) 1901 Chestnut

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St Peter & Paul Cem

DATE OF BURIAL: May 17 1927

20. UNDERTAKER: J H Gibbons Mnd Co

ADDRESS: 2630 Gravois

Dr Burst