

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.

MAR 26 1928

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

Do not use this space.

6299

1. PLACE OF DEATH

County St. Louis  
Township Cornaclet  
City St. Louis

Registration District No. 1123  
Primary Registration District No. 448 C  
(No. Telegraph Road)

File No. \_\_\_\_\_  
Registered No. 47  
St. \_\_\_\_\_ Ward

2. FULL NAME

Charlotte Nagel

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-2-1898

7. AGE: YEARS 29 MONTHS 2 DAYS 5 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Irad Petschovets

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER Amthorn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) unknown

14. INFORMANT Charles Nagel (Address) Telegraph Road

15. Filed Feb 8 1928 L.C. Obrod, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 7 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 7 1928, to Feb 7 1928, that I last saw him alive on Feb 7 1928, and that death occurred, on the date stated above, at 2 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

2 1/2 in Tuberculosis lungs  
(duration) 1 yrs. 6 mos. - da.

CONTRIBUTORY (SECONDARY) GI  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH. DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) Nelson J. Hanley, M.D.  
Feb 7, 1928 (Address) 5321 Easton Ave. St. Louis

\*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 Park Lawn DATE OF BURIAL 2/9 1928

20. UNDERTAKER Southern N. L. Co ADDRESS 7315 S. B. Dr.

