

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

Do not use this space.

35313

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St Louis Mo** (No. **St Marys Infirmary**)

File No.
Registered No. **10801**
St. Ward)

2. FULL NAME

(a) Residence No. **8400 Gravois Ave** St. **W** Ward. **St Louis Mo**
(Usual place of abode)

(If nonresident give city or town and State)

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) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Charlotte Nagle**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **July 17th 1865**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 | **3** | **3** | **—**

8. OCCUPATION OF DECEASED **Laborer**
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Germany**
(STATE OR COUNTRY)

10. NAME OF FATHER **Not known**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Germany**
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Not known**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Germany**
(STATE OR COUNTRY)

14. INFORMANT **Joe L Nagle**
(Address) **4946 Pieman Ave**

15. FILED **21 1928** **May 6 Starloff**
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **10-20 1928**

17. I HEREBY CERTIFY, That I attended deceased from **10-15** 19**28**, to **10-20** 19**28**, that I last saw him alive on **10-20** 19**28**, and that death occurred, on the date stated above, at **12:30** P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intestinal obstruction (perist.)
12:30
9:35 (duration) **7** hrs. **6** ds.

CONTRIBUTORY **myelitic Char.**
(SECONDARY) (duration) **2** yrs. **—** mos. **—** ds.

18. WHERE WAS DISEASE CONTRACTED **8400 Gravois**
IF NOT A PLACE OF DEATH.....

1 DID AN OPERATION PRECEDE DEATH? **yes** DATE OF **10-20-28**
WAS THERE AN AUTOPSY? **yes**

WHAT TEST CONFIRMED DIAGNOSIS? **autopsy**
(Signed) **Guy G French**, M. D.
, 19 (Address) **1536 Papin**

*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 & Pauls** DATE OF BURIAL **Oct 23rd 1928**

20. UNDERTAKER **JH Gebken & Co.** ADDRESS **2628 Gravois**

M. 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.

