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.

1 X7294

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

Do not use this space

27732

1. PLACE OF DEATH
County St Charles
Township St Charles
City St Charles (No. ..... St. ..... Ward)
Registration District No. 757
Primary Registration District No. 3036
File No. .....
Registered No. 127

2. FULL NAME Mrs Caroline Nagel
(a) Residence, No. 915 Jefferson St., 2 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Geo. Nagel
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14th 1856
7. AGE YEARS 80 MONTHS 5 DAYS 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) April 1935
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles, Mo

FATHER
13. NAME Fred Buschmann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Quade
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Phil Nagel
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cemetery DATE July 16 1936
19. UNDERTAKER (ADDRESS) Hackmann Bone
20. FILED 7/14 1936 Clarence G. Wessler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13th 1936
22. I HEREBY CERTIFY, That I attended deceased from July 1st 1935 to July 13 1936
I last saw her alive on July 13 1936 Death is said to have occurred on the date stated above, at 10:20 P.m.
The principal cause of death and related causes of importance were as follows:
General arteosclerosis — Date of onset 15 yrs.
Other contributory causes of importance: Excessive heat. 7/1/36
Name of operation None Date of None
What test confirmed diagnosis? Clinical signs Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) F E Breding, M. D.
(Address) St Charles Mo

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