

OCT 14 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32966
Do not use this space.

1. PLACE OF DEATH

(a) County 1 Registration District No. 791
 (b) Township 1003 Primary Registration District No. 9020
 (c) City 4095 LOUGHBOROUGH, AV Registered No. 9020 St.
 (d) Street No. 4095 LOUGHBOROUGH, AV
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 57 yrs. - mos. - ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

ALBERT NILHAS, SR
 (a) Residence, No. 4095 LOUGHBOROUGH St. 1
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF KATHERINE NILHAS
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 5 - 1863
 7. AGE YEARS 74 MONTHS 8 DAYS 21 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

FATHER 13. NAME UNKNOWN
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

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

17. INFORMANT (ADDRESS) Albert Nilhas
4095 Loughborough

18. BURIAL, CREMATION, OR REMOVAL PLACE LAKEWOOD CEM DATE SEPT 29 1937

19. FUNERAL DIRECTOR (ADDRESS) JOS. P. FENDLER, JR.
1537 S. GRAND

20. FILED 19 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEP 26 1937
 22. I HEREBY CERTIFY, That I attended deceased from Aug 11 1936 to SEP 26 1937
 I last saw him alive on SEP 24 1937. Death is said to have occurred on the date stated above, at 5:55 A.M.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 2 years

Other contributory causes of importance

Arteriosclerosis

Name of operation no Date of no
 What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no, 19 no
 Where did injury occur? no (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
 Nature of injury no

24. Was disease of injury in any way related to occupation of deceased? no
 If so, specify no
 (Signed) J. P. Fendler, Jr., M. D.
 (Address) 1537 S. Grand

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.

STATEMENT BY LICENSED EMBALMER

I, Jos. P. FENDLER JR, Licensed Embalmer No. 925

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

m72

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Jos. P. Fendler Jr.

Licensed Embalmer No. 925

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.)