REC'D MAR 23 1938

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

Do not use this space.

8016

1. PLACE OF DEATH

County St Charles — Registration District No. 759

Township Callaway — Primary Registration District No. 6000

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

File No. .....

Registered No. 5

2. FULL NAME Conrod William Nadler 346

(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. 2 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: Mrs Wm Nadler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June, 26, 1873

7. AGE: Years 64 | Months 7 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) July, 1934

11. Total time (years) spent in this occupation Life

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

FATHER

13. NAME: John Nadler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Warren Co Mo

MOTHER

15. MAIDEN NAME: Mary Oberdick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs Wm Nadler, New Melle Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Melle DATE Feb, 14 1939

19. UNDERTAKER (ADDRESS): Morris Muschany, Hamburg Mo.

20. FILED 2/14, 1938 O. A. Muhm Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-12, 1938

22. I HEREBY CERTIFY, That I attended deceased from July -, 1937, to Feb 2-12, 1938

I last saw him alive on 2/12, 1938. Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Leukaemia	2

Other contributory causes of importance:

Pulmonary edema	Dec '37

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Symptoms 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) O. A. Muhm, M. D.

(Address) New Melle Mo

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD