

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.

4

1938

REC'D OCT 6 1938

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

Do not use this space.

33341

1. PLACE OF DEATH
 County St. Louis Registration District No. 784
 Township Grandbluff Primary Registration District No. 117
 City Webster Groves (No. 205 Rose Ave) St. _____ Ward _____

2. FULL NAME Antony Nagel 240
 (a) Residence, No. 205 Rose St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? 54 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 Rosa Nagel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 3 17

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet maker
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 20 yrs
 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 6
 13. NAME John Baptist 6
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 9
 15. MAIDEN NAME Marie Lumber
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sorarlberg Austria

17. INFORMANT Edward S Nagel
 (ADDRESS) 1726 Del Norte Richmond Hts.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crematory Oct 5 1938

19. UNDERTAKER Parker Funeral Co
 (ADDRESS) Webster Groves Mo

20. FILED OCT 4 1938 D. C. Meyer, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 1938 to Oct 2 1938
 I last saw him alive on Oct 2 1938 Death is said to have occurred on the date stated above, at 5:15 P.M.
 The principal cause of death and related causes of importance were as follows:
Myocarditis Chri Date of onset ?

Other contributory causes of importance: None

Name of operation None Date of _____
 What test confirmed diagnosis? Chloroform Was there an autopsy? Yes

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) Carl C. Prutz, M.D.
 (Address) Webster Groves

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