40

REC'D JAN 11 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

40688
Do not use this space.

Registration District No. 1003

Primary Registration District No.

Registered No. 10380

1. PLACE OF DEATH

(a) County

(b) Township

(c) City St. Louis (d) Street No. Christian Hosp St.
(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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 252 Milton John Nissing

(a) Residence, No. X 6322 Ridge Ave. St. NR Wellston, Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24, 1915

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	23	6	5	

OCCUPATION

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

9. Industry or business in which work was done, as saw mill, bank, etc. Steel Mill

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) Marthasville, Mo.

FATHER

13. NAME Alex Nissing

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marthasville, Mo.

MOTHER

15. MAIDEN NAME Clara Brakemeier

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marthasville, Mo.

17. INFORMANT Alex Nissing
(ADDRESS) Marthasville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Marthasville, Mo. DATE 12-2 38

19. FUNERAL DIRECTOR Albert H. Hoppe Inc.
(ADDRESS) 4700 Washington Blvd.

20. FILED DEC. 1 1938 J. F. Bredeck Local Registrar.

NO MEDICAL CERTIFICATE OF DEATH ATTENDING PHYSICIAN

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/29/38 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 7:00 P.M.

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

Date of onset

Haemorrhage due to lacerations of lungs and liver by fractured ribs, suffered when deceased was struck by pneumatic punch, which in some unknown manner operated and struck deceased in back while deceased was working repairing hopper located at

Other contributory causes of importance:

Southern Wheel Company, 3300 Goodfellow Blvd., about 11:30 A.M. November 29th, 1938.

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

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11/29/ 19 38

Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
In Industry

Manner of injury See Above

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify

(Signed) Alfred Perry, M. D.

(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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

I X12004

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

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

.....L. E.....

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

working under my personal supervision.

Signed Albert E. Lopez

Licensed Embalmer No. 2971

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.)