

REC'D JUL 8 1939

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

23093
Do not use this space.

1. PLACE OF DEATH

(a) County St. Charles Registration District No. 757
(b) Township St. Charles Primary Registration District No. 3036 Registered No. 93
(c) City St. Charles (d) Street No. St. Joseph Hospital 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

Charles Henry Nahm
(a) Residence, No. 316 S. Main St. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Bertha Wolf

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 1, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 5 0

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Baker
9. Industry or business in which work was done, as saw mill, bank, etc.
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) Altsfeldt, Germany

13. NAME Carl Nahm

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Catherine Kutz

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

17. INFORMANT Mrs. Charles Nahm
(ADDRESS) 316 S. Main St. Charles, Mo.

18. BURIAL, CREMATION, OR REMOVAL St. Charles, Mo.
PLACE Oak Grove Cemetery DATE July 3, 1939

19. FUNERAL DIRECTOR (NAME) H. C. Ballenger & Sons
(ADDRESS) St. Charles, Mo.

20. FILED 713, 1939 Clarence B. Steeler
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1939

22. I HEREBY CERTIFY, that I attended deceased from June, 1936, to July 1, 1939
I last saw him alive on July 1, 1939. Death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

Apoplexy.
121
Date of onset June 1939

Other contributory causes of importance:
Myocarditis
Chronic vascular Renal disease

Name of operation none Date of
What test confirmed diagnosis? 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
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?
If so, specify
(Signed) Raymond V. Cooper, M. D.
St. Charles, Mo.

K. 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.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.