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.

AUG 14 1939

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

26668
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. 102
or
(c) City St Charles — (d) Street No. 1006 Jefferson St 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 Geo George Nagel
(a) Residence, No. 1006 Jefferson 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~: Caroline Buschman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): October 11th, 1853

7. AGE: Years 85 — Months 9 — Days 4 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Carpenter
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): Oct. 1915
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Augusta, Mo

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): Phil Nagel, St Charles, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cemetery DATE July 18 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Hackmann-Bane, St Charles, Mo

20. FILED 7/18/39, 19 Clarence S. Wessler, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 15th, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1931, to July 15, 1939
I last saw him alive on July 15, 1939 Death is said to have occurred on the date stated above, at 10:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	4/36
93C	
Other contributory causes of importance:	
Bronchial Pneumonia	7/10/39

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical signs 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) [signature], M. D.
679 (Address) Rochester Mo

(Licensed Embalmer's Statement on Reverse Side)

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. Arthur C. Bauce

Licensed Embalmer No. 3144

P. O. Address. St Charles Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

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