DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13020

MAY 15 1940

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3222

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Alexian Bros. Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 2
(If outside city or town limits, write "RURAL")

(d) Street No. 4970 Loughborough
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William Nestel 234

3. (b) If veteran, name war ----

3. (c) Social Security No. 430-527-850

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clara

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased March (Month) 10, (Day) 1894 (Year)

8. AGE:

Years	Months	Days	If less than one day
46	0	24	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Baker 0

11. Industry or business Own Business 1

FATHER
12. Name William Nestel 6
13. Birthplace (City, town, or county) Germany (State or foreign country) 1

MOTHER
14. Maiden name Unknown Kraemer
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature x Clara Nestel
(b) Address 4970 Loughborough

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/40 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wacker-Helderle
(b) Address 2331 S. Broadway

19. (a) APR 8 1940 (Date received local registrar) (b) J. F. Budich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 4
year 1940 hour 7 minute 20 p.M.

21. I hereby certify that I attended the deceased from 11-15-39, 19__, to 4-4-40, 19__;
that I last saw him alive on 4-4-40, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cirrhosis of liver (Luetic)	years
Ch. myocarditis	
Due to: Diabetes	3-4 yrs
Ch. nephritis	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: None	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature D. C. Pfeifer (M. D. or other)
Address 4523 S. King Highway Date signed 4/5/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 5-17-39 I X19311

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.