No. 2
11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 15 1940

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 13556

Registrar's No. 3758

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: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Adams

(c) City or town Ursa NR
(If outside city or town limits write "RURAL")

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

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

3. (a) PRINT FULL NAME PAUL WILLIAM NAGEL 240

3. (b) If veteran, name war Unknown

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Hilda

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Jan. (Month) 2 (Day) 1891 (Year)

8. AGE: Years	Months	Days	If less than one day
49	3	22	hr. min.

9. Birthplace Sutter (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Farmer

11. Industry or business 10

FATHER
12. Name Raythe Nagel
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louisa Schlipmann
15. Birthplace Quincy (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs. Hilda Nagel
(b) Address Ursa, Illinois.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-26-40 (Month) (Day) (Year)
(c) Place: burial or cremation Tioga, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) APR 25 1940 (Date received local registrar) (b) J. B. Burdick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24 year 1940 hour 6 minute 00 P. M.

21. I hereby certify that I attended the deceased from April 10, 1940, to April 24, 1940, that I last saw him alive on April 24, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	minutes
Due to	
Due to 23	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Chronic emphysema tubercular
Of autopsy None performed

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 O M Anderson (M. D. or other)
Address BARNES HOSPITAL Date signed 4-25-40

(Licensed Embalmer's Statement on Reverse Side)

Lappe

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 Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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

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