DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23433
5878

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

1. PLACE OF DEATH:

(a) County 2

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

(c) Name of hospital or institution:
St. Louis Altenheim, 5408 S. Brdw'y
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

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(a) State Missouri (b) County

(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")

(d) Street No. 5408 S. Broadway
(If rural, give location)

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

3. (a) PRINT FULL NAME Ida Nagel 240

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased 11 (Month) 28 (Day) 1862 (Year)

8. AGE: Years 77 Months 7 Days 13 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) (State or foreign country) 4

10. Usual occupation Housekeeper 4

11. Industry or business 9

FATHER
12. Name Unknown
13. Birthplace unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature John H. Koer
(b) Address 5408 So Broadway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-13-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Bethlehem

18. (a) Signature of funeral director Truth Center Mortuary
(b) Address 4024 Lindell Boulevard

19. (a) JUL 13 1940 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11, year 1940 hour 5 minute 7 M.

21. I hereby certify that I attended the deceased from May 1, 1939, to July 11, 1940; that I last saw her alive on July 10, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Pulmonary Tuberculosis (Fibroid type) — Duration 5 year

Due to

Due to

Other conditions Hypertrophic arthritis (Include pregnancy within 3 months of death) — 7

Major findings:
Of operations

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) None
(b) Date of occurrence None
(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 Max Starkoff (M. D. or other) MD
Address 512 Dorr Bl Date signed 7/12/40

(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.

I X19311

5/2 Dover Pl.
Ri 1706

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 Jack H. Lukens

Licensed Embalmer No. 4110

P. O. Address 4024 Lindell St. Louis 8

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.