DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36983 9250

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No.

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 3510-A Missouri Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County

(c) City or town Saint Louis, 24
(If outside city or town limits, write "RURAL")

(d) Street No. 3510-A Missouri.
(If rural, give location)

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

3. (a) PRINT FULL NAME Carrie Nugent

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Michael Nugent

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased January (Month) 20th, (Day) 1869. (Year)

8. AGE: Years 71 Months 9 Days 20 If less than one day hr. min.

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

10. Usual occupation House-Wife

11. Industry or business

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

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

16. (a) Informant's own signature Michael Nugent
(b) Address 3510-A Missouri Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 13th, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park.

18. (a) Signature of funeral director Ziegenhein Bros.
(b) Address 2623 Cherokee Street.

19. (a) NOV 11 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10th, year 1940. hour 2 minute 40 A. M.

21. I hereby certify that I attended the deceased from March 7, 1939, to Nov. 10, 1940 that I last saw her alive on Nov. 10, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute myocarditis Caused by chr. myocarditis	6 mon.
Due to Hypertension	2 yrs
Due to	
Other conditions Malnutrition, refused to eat (Include pregnancy within 3 months of death) Psychosis.	6 mon.
Major findings: Of operations	
Of autopsy 93 C	

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 Eugene H. Edele (M. D. or other) M-D
Address 3019 S. Jefferson Date signed 11-11-40

(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 1 X 19511

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 V E Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Cherokee

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.