

Registration District No. **791**

Primary Registration District No. **1003**

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:  
**4715 Idaho Ave. /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
**Life**  
In this community \_\_\_\_\_ (Specify whether)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **010**  
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **17K5**  
(d) Street No. **4715 Idaho** (If rural, give location) **9**  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **1**  
year **1941** hour **1** minute **42p.m.**  
21. I hereby certify that I attended the deceased from **July 26 - 1940 to Aug 29** 1941 to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him alive on **Aug 29** 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Chronic Myocarditis**  
Due to **Senility**  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: **no**  
Of operations **no**  
Of autopsy **no**

Duration  
**Many years**

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

3. (a) PRINT FULL NAME **Alongo J. Nuelle**  
3. (b) If veteran, name war **---** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widower**  
6. (b) Name of husband or wife **Margaret**  
6. (c) Age of husband or wife if alive **---** years  
7. Birth date of deceased **September 1, 1857**  
(Month) (Day) (Year)

8. AGE: Years **83** Months **9** Days **0** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Retired**

11. Industry or business \_\_\_\_\_

12. Name **Joseph Nuelle**  
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Blanche Anderson**  
(b) Address **4715 Idaho**

17. (a) **Burial** (b) Date thereof **6/4/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Calvary Cemetery**

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

19. (a) **JUN 2 - 1941** (b) **J. Nuelle**  
(Date received local registrar) (Registrar's signature)

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? **no** (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? **no** (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature **Raymond P. Vito** (M. D. or other)  
Address **3805 S. Broadway** Date signed **2/1/41**

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

00  
17  
9

**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 Frank J. Ryland.

Licensed Embalmer No. 2645

P. O. Address. St. Louis Mo

**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, fact should be so stated above.**