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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20301

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 5113

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

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: Lutheran Hospital 0
(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) 10½ hours
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0001

(c) City or town St. Louis 179
(If outside city or town limits write "RURAL") 8

(d) Street No. 4723 Allemania Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years

3. (a) PRINT FULL NAME Baby Girl Nerl

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 Single

6. (b) Name of husband or wife ---

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

7. Birth date of deceased June 20, 1941 (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day 10 hr. 30 min.

9. Birthplace St. Louis (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation ---

11. Industry or business ---

MOTHER FATHER

12. Name Emil Nerl

13. Birthplace St. Louis (City, town, or county) 0 Missouri (State or foreign country)

14. Maiden name Eleanora Buhlmann

15. Birthplace St. Louis (City, town, or county) 0 Missouri (State or foreign country)

16. (a) Informant Emil Nerl

(b) Address 4723 Allemania Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Beiderwieden F. H. Inc.

(b) Address 1936 St. Louis Avenue

19. (a) JUN 23 1941 (Date received local registrar) (b) J. N. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1941 hour 12 minute 10 P. M.

21. I hereby certify that I attended the deceased from 6/20, 1941, to 6/20, 1941; that I last saw he alive on 6/20, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 [illegible] (M. D. or other)

Address 3958 S. Grand Date signed 6/21/41

(Licensed Embalmer's Statement on Reverse Side)

Dr. R. Hoffmeister
Gr. 1 Gasconade

1 P.M.

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.

No Embalming

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.