

S. No. 2
 BM-542
 v. 5-17-39
 I X32873

28219

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. 1816

Registration District No. 154

Primary Registration District No. 200

96000
 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Manchester, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Manchester Nursing Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 1/2 years
(Specify whether years, months or days)
 In this community 45 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 000
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4249 Carter
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Gustav F. Nehring

MEDICAL CERTIFICATION

3. (b) If veteran, name war --- 3. (c) Social Security No. ---

20. DATE OF DEATH: Month Aug. day 28
 year 1942 hour 6 minute 45p M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Charlotte
 6. (c) Age of husband or wife if alive 77 years
 7. Birth date of deceased Feb. 2 1842
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 26
 1942 to August 28, 1942.
 that I last saw him alive on August 26, 1942,
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>6</u>	<u>26</u>	hr. _____ min. _____

Immediate cause of death Uremia

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

Due to Urinary retention weeks

10. Usual occupation Retired Jeweler

Due to Urethral stricture + persistent urethritis months

11. Industry or business Self

Other conditions Semility yrs +
(Include pregnancy within 3 months of death)

12. Name Gustav Nehring

Major findings:
 Of operations _____

13. Birthplace Germany
(City, town, or county) (State or foreign country)

Of autopsy 126

14. Maiden name Caroline Schulze

15. Birthplace Germany
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant Gustav O. Nehring

(a) Accident, suicide, or homicide (specify) _____

17. (a) Burial (b) Date thereof Aug. 31, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence _____

(c) Place: burial or cremation NEW BETHLEHEM

(c) Where did injury occur? _____
(City or town) (County) (State)

18. (a) Signature of funeral director Reiderwieden F. Home Inc.

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? _____
(Specify type of place) (c) Means of injury

(b) Address 1936 St. Louis Ave.

23. Signature R. H. ... (M. D. or other)

19. (a) AUG 29 1942 (b) C. H. ...
(Date received local registrar) (Registrar's signature)

Address 2651 Grand St. Date signed 8-29-42

Dr. R. Muehler
3651 Edwards St.

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 John J. Krupin
Licensed Embalmer No. 3497
P. O. Address 1936 St. Louis

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.