

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42003

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2641

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Glen Echo Club
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Glen Echo Club 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6337 Isabelle Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles S. Nagle

3. (b) If veteran, name war _____ 3. (c) Social Security No. 497-05-2979

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased July 23 1875
(Month) (Day) (Year)

8. AGE: Years 67 Months 4 Days 20 If less than one day hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Charles Nagle

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

14. Maiden name Mary Havester

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

16. (a) Informant Mrs. Chas. S. Nagle

(b) Address 6337 Isabelle Ave.

17. (a) Burial (b) Date thereof 12-17-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiament Av.

19. (a) DEC 15 1942 (b) C. S. McLaughlin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14
year 1942 hour 1:45 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes. Duration _____

Due to Chronic Myocarditis and Arteriosclerosis.

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations _____

Of autopsy Yes.

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 3

23. Signature Louis H. B. ... (M. D. or other)
Address Kirkwood, Mo. 12/15/42 Date signed

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

9600

9600

7121

727

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.....
Louis H. Boff

Licensed Embalmer No..... *921*

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, fact should be so stated above.