

11493

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 15 1943

Registration District No. 754

Primary Registration District No. 106

Registrar's No. 639

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
831 Simmons
(If not in hospital or institution, write street number or location)

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

In this community nil
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. L.

(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")

(d) Street No. 831 Simmons
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Adam Nadler

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1943 hour 10 minute 45 P. M.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Emma Nadler

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased Nov. 14 - 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-1-42
1942 to 3-15 1943
that I last saw him alive on 3/14/43 1943
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>4</u>	<u>1</u>	hr. min.

Immediate cause of death Acute cardiac dilatation 1 day

Due to Chronic myocarditis 2 yrs.

Due to arteriosclerosis 3 yrs

Other conditions Total blindness 2 yrs
(Include pregnancy within 3 months of death)

9. Birthplace Plum Hill, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Engelhardt Nadler

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

14. Maiden name Mary Lehr

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

Major findings:
Of operations.....

Of autopsy 938

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

16. (a) Informant Emma Nadler

(b) Address 831 Simmons

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

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

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?.....

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

While at work?.....
(Specify type of place) (c) Means of injury.....

19. (a) 3-18-43
(Date received local registrar) (b) Edna Samson
(Registrar's signature)

23. Signature J. B. Threlkeld (M. D. or other) MD
Address Kirkwood, Mo Date signed 3/17/43

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

S. No. 2
M-5-42
17-39
X32873

346

APR 21 1943

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: *J. P. Burgess*
Licensed Embalmer No. *4029*
P. O. Address: *Maplewood*

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.