

V. S. No. 2
100M-2-43
Re 5-17-43
I X 8887

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30246**

D OCT 2 - 1943
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8440**

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4259 Maffitt Ave.,
(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)

3. (a) PRINT FULL NAME Samuel Dill Nevling

3. (b) If veteran, name war No

3. (c) Social Security No. No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

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

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

7. Birth date of deceased Jan 5th, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

77	8	18	
			hr. min.

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

10. Usual occupation None

11. Industry or business.....

MOTHER FATHER

12. Name Abraham Nevling

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

14. Maiden name Catherine Mathews

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

16. (a) Informant Clyde Nevling

(b) Address 4259 Maffitt Ave.

17. (a) Burial (b) Date thereof Sept. 25th / 43
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Kraeger-Voss-Fix Funeral Home
(Specify type of place) While at work.

(b) Address 3402 N. Kingshighway

19. (a) SEP 23 1943 (b) J. D. Braden
(Date received local return) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....

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

(d) Street No. 4259 Maffitt Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23rd
year 1943 hour 6 minute 30 AM

21. I hereby certify that I attended the deceased from Feb. 1943 to Sept 22 1943
that I last saw him alive on Sept 1, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Myocardial Failure
1. Chronic Bronchitis
2. Scurvy

Due to.....

Other conditions.....
10/16

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?

23. Signature William O. Mowbray (M. D. or other)
Address 3637 Fair Ave. Date signed 9/23/43

847

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 *W. W. Wilkins*

Licensed Embalmer No. *3575*

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.