

FILED NOV 18 1943

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... Saint Louis, Missouri.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
509 Chestnut Street.
 (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.....
 (c) City or town..... Saint Louis,
 (If outside city or town limits, write "RURAL")
 (d) Street No..... 509 Chestnut Street.
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Thomas J. Nugent,

3. (b) If veteran, name war..... 3. (c) Social Security No. None

4. Sex Male 5. Color or Grace White 6. (a) Single, widowed, married, Divorced Widowed.

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

7. Birth date of deceased May 9th, 1863.
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 5 23 hr. min.

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

10. Usual occupation Retired Policeman

11. Industry or business Patrick Nugent

MOTHER FATHER

12. Name..... 13. Birthplace Unknown Ireland
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown
 (City, town, or county) (State or foreign country)

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

16. (a) Informant James M. Nugent
 (b) Address 509 Chestnut Street.

17. (a) Burial (b) Date thereof Nov. 5th, 43.
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Ziegenhain Bros,

(b) Address NOV 4 1943 6409 Gravois Ave.

19. (a) NOV 4 1943 (b) J. J. Bredsch
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2nd,
 year 1943. hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from 3 Sep 43 to Nov 2 43
 that I last saw him alive on Oct 29, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis Duration ?

Due to.....

Due to.....

Other conditions Senile dementia
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 Of autopsy.....

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.....

23. Signature C. Planschmid (M. Doctor)
 Address 827 Melrose St Date signed 11/3/43

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 V E Morris

Licensed Embalmer No. 3360

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.