No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 27 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39523

Registrar's No. 10724

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: GOOD SAMARITAN HOME · 4500 WASHINGTON BLVD (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 1/2 YRS. (Specify whether years, months or days) In this community LIFE 5

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 4500 WASHINGTON BLVD (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME CLARA A. KOENEMAN

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased OCTOBER (Month) 8. (Day) 1872. (Year)

8. AGE: Years 72 Months 2 Days 7 If less than one day hr. min.

9. Birthplace ST. LOUIS MISSOURI (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWORK.

11. Industry or business

FATHER 12. Name JOHN A NAGEL

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

MOTHER 14. Maiden name JOHANNAH HERTEL

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

16. (a) Informant Rev. J. H. Overbeck

(b) Address 4500 Washington Blvd

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-18-44 (Month) (Day) (Year)

(c) Place: burial or cremation ZION CEMETERY

18. (a) Signature of funeral director CALVIN F. FEUTZ FUNERAL HOME

(b) Address 4828 NATURAL BRIDGE BLVD.

19. (a) DEC 16 1944 (Date received local registrar) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 15TH year 1944 hour 2:00 minute A. M.

21. I hereby certify that I attended the deceased from Dec 5 1944 to Dec. 13 1944 that I last saw her alive on Dec. 14 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion — Duration 12/4/44

Due to

Due to

Other conditions Hypertension (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. F. Bergman (M. D. or other) M.D.

Address 3720 Washington Date signed 12/17/44

(Licensed Embalmer's Statement on Reverse Side)

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 A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St Louis, Mo.

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.