S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15440

FILED JUN 9 1945 318

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 4746

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:
City Hosp # 1 0
(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 Mo (b) County 000

(c) City or town St. Louis 17 14
(If outside city or town limits, write "RURAL")

(d) Street No. 3407 Macklind Ave
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Henry N Nettles

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 Married 1

6. (b) Name of husband or wife Alta

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Nov (Month) 28 (Day) 1887 (Year)

8. AGE: Years 57 Months 5 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace Beaver Creek (City, town, or county) Ill (State or foreign country) 1

10. Usual occupation Agent

11. Industry or business Metropolitan Ins Co

FATHER
12. Name Wm H Nettles
13. Birthplace Illinois (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Sarah Norris
15. Birthplace Illinois (City, town, or county) (State or foreign country) 1

16. (a) Informant Alta Nettles
(b) Address 3407 Macklind Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (Month) 28 (Day) 45 (Year)
(c) Place: burial or cremation Beaver Creek Ill

18. (a) Signature of funeral director Kriegshauser
(b) Address 4228 So. Kingshighway

19. (a) MAY 29 1945 (Date received local registrar) (b) J. F. Buseck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month May day 26
year 1945 hour 4.35 AM minute ..... M.

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

	Duration
Immediate cause of death Chronic Myocarditis	
Due to Pleural effusion Ascites	
Due to 93.0	
Other conditions (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 Alfred Sherry (M. D. or other) 2
Address [illegible] Date signed 5/26/45

(Licensed Embalmer's Statement on Reverse Side)

4746

4746

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. Edwin L. McDermo

Licensed Embalmer No. 3014

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.