S. No. 2
OM—5-43
v. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 7 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25996

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7651

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: 2515 W. St. Louis Ave (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 62 yrs 2 mons 4 das

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 20 060
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 2515 W. St. Louis Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Fred Nuernberg
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 27, 1883 (Month) (Day) (Year)

8. AGE: Years 62 Months 2 Days 4 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)
10. Usual occupation nil
11. Industry or business

FATHER
12. Name Joseph Nuernberg
13. Birthplace unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Anna Sievers
15. Birthplace unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant John Weiler
(b) Address 2515 W. St. Louis Ave
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-3-45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Goodhart & Goodhart
(b) Address 2228 St. Louis Ave
19. (a) SEP 1 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 31st year 1945 hour 5 minute 50 A.M.
21. I hereby certify that I attended the deceased from May 21, 1928 to Aug 31st, 1945 that I last saw him alive on Aug 31st, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Mitral Incompetency
Due to Chronic Interstitial Nephritis 17 yr
Due to Edema
Other conditions (Include pregnancy within 3 months of death) 92 N
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 E. A. Schwemmer M.D. (M. D. or other)
Address 4470 Natural Bridge Date signed Apr 1-45

(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 Maple A. Cashion

Licensed Embalmer No. 3949

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.