V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 21 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42483

Registration District No. 51 Primary Registration District No. 3063 Registrar's No. 2828

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Co. Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 hrs (Specify whether years, months or days)
In this community 39 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis Co.
(c) City or town Gardenville (If outside city or town limits, write "RURAL")
(d) Street No. 4836 Heidelberg (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Nydle
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race Wh
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Augusta Hunsiker
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased 02 (Month) 23 (Day) 74 (Year)
8. AGE: Years 70 Months 11 Days 17 If less than one day hr. min.
9. Birthplace St. Louis Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Barrel Factory work
11. Industry or business
FATHER 12. Name John Nydle
FATHER 13. Birthplace (City, town, or county) Austria (State or foreign country)
MOTHER 14. Maiden name Barbara
MOTHER 15. Birthplace (City, town, or county) Austria (State or foreign country)
16. (a) Informant granddaughter - Lillian Dietze
(b) Address Gardenville
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/45 (Month) (Day) (Year)
(c) Place: burial or cremation Sunnyside Burial Park
18. (a) Signature of funeral director John R Bequinhan & Son
(b) Address 7027 Michigan Ave
19. (a) 12-17-45 (Date received local registrar) (b) E. M. Gerardon D (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12-11 day 61 year 1945 hour 6 minute A.M.
21. I hereby certify that I attended the deceased from 12-10, 1945, to 12-11, 1945 that I last saw him alive on 12-11, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia — Duration
Due to infection
Due to primary site Primary Bladder
Other conditions Metastatic Carcinoma
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy as above

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 Donald O. Burst (M. D. or other) M.D.
Address 601 Brentwood Blvd. Date signed 12-11-45

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(Licensed Embalmer's Statement on Reverse Side)

MAY 12 1948

DEC 27 1945

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. G. Peterson

Licensed Embalmer No. 3767

P. O. Address Overland Pk 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.