

FILED MAY 17 1948 STANDARD CERTIFICATE OF DEATH

18753

State File No.

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4301

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:
5325 Sunshine Drive
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community..... Life
years, months or days)

3. (a) PRINT
FULL NAME

Carrie Nelgner

3. (b) If veteran,

name war..... X

3. (c) Social Security

No..... X

4. Sex..... female

5. Color or
race..... white

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

6. (b) Name of husband or wife

Henry A. Nelgner

6. (c) Age of husband or wife if
alive..... 75 years

7. Birth date of deceased

Sept. 16, 1870

(Month)

(Day)

(Year)

8. AGE:

Years..... 75

Months..... 7

Days..... 24

If less than one day

hr..... min.....

9. Birthplace

St. Louis

(City, town, or county)

Missouri

(State or foreign country)

10. Usual occupation

at home

11. Industry or business

MOTHER FATHER

12. Name..... Charles Hannemann

13. Birthplace..... Not known

Switzerland

14. Maiden name..... Catherine Halter

15. Birthplace..... Not known

Switzerland

16. (a) Informant..... Henry A. Nelgner

(b) Address..... 5325 Sunshine Drive

17. (a) burial

(Burial, cremation, or removal)

(b) Date thereof..... 5/13/46

(Month) (Day) (Year)

(c) Place: burial or cremation..... New St. Marcus Cemetery

18. (a) Signature of funeral director

J L Ziegenhein & Sons

(b) Address..... 7027 Gravois

19. (a)

MAY 13 1948

(Date received local registrar)

J. F. Bredeck

(Registrar's signature)

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..... 5325 Sunshine Drive
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH:

Month..... May day..... 10

year..... 1946

hour..... 8

minute..... 15 P.M.

21. I hereby certify that I attended the deceased from

Jan

1944 to

May 10th

1946

that I last saw h..... er alive on..... May 10

1946

and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Cardio-Nephritic

Duration

Due to

Due to

Other conditions

Cerebral Hemorrhage

(Include pregnancy within 3 months of death)

Hypertension.

Major findings:

Of operations.....

Of autopsy.....

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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)

(e) Means of injury.....

23. Signature

1319 So. Bdway

(M. D. or other)

Address

Date signed

5/11/46

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

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 7027 Grannis

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.