S. No. 2
M—5-43
. 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

FILED JUN 26 1946

State File No. 22048

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5414

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:
5469 Enright Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 30yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL") 17

(d) Street No. 5469 Enright Ave. 7
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Lenora Claire Nagle

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb 10th. 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	4	6	hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation School Teacher

11. Industry or business Retired

FATHER
12. Name Thedore Nagle
13. Birthplace (City, town, or county) Ohio (State or foreign country) /

MOTHER
14. Maiden name Claire F Miget
15. Birthplace (City, town, or county) France (State or foreign country) 5

16. (a) Informant James N Embree

(b) Address 5469 Enright Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/46 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemt.

18. (a) Signature of funeral director Harrigan & Sheahan Und Co

(b) Address 4415 Washington Blvd.

19. (a) JUN 18 1946 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16th
year 1946 hour 5:40 P.M. minute M.

21. I hereby certify that I attended the deceased from Jan 1 - 1942, 19 , to June 16 , 1946
that I last saw her alive on June 14 , 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	12 hrs
Due to arteriosclerosis	10 yrs.
Arterial Hypertension	10 "
Due to	
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 0

23. Signature [signature] (M. D. or other)

Address 3903 Vein St Date signed

(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.....

Licensed Embalmer No. 4053

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.