No. 2
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 20 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 6816
Registrar's No. 1330

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 1729 So 8th St (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 Missouri (b) County 000
(c) City or town St Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 1729 So 8th (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 23 0
If yes, name country

3. (a) PRINT FULL NAME Elizabeth Harriett Nagel
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Sept (Month) 27 (Day) 1883 (Year)

8. AGE: Years	Months	Days	If less than one day
64	4	9	hr. min.

9. Birthplace Trenton (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Fount Campbell
13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Phillips
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant George Nagel
(b) Address 900 Russell
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-6-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Treadington Mo
18. (a) Signature and title of funeral director Rowland Moriarty Dir
(b) Address 4104 Manchester Ave.
19. (a) FEB 9 (Date received local registrar) (b) J. F. Buesch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6 year 1948 hour 12 Noon minute M.
21. I hereby certify that I attended the deceased from 2-2-48, 19, to 2-6, 1948 that I last saw him alive on 2-6, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bright's Disease	1 yr.
Myocarditis Hypertrophic	
Due to	
Due to	
Other conditions 4+ Albumin (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 L. A. Murray (M. D. or Coroner)
Address 900 Russell Date signed 2-7-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

1330

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 Ronald O Yolmke

Licensed Embalmer No. 3917

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.