S. 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 APR 14 1948

Registration District No. 397

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3068

State File No. 10934

Registrar's No. 896

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Maplewood, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7523 Flora 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 .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No.: 7523 Flora Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Caroline Thoele
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: Widowed
6. (b) Name of husband or wife: William
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: April (Month) 23 (Day) 1863 (Year)

8. AGE: Years 84 Months 11 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business .....
FATHER
12. Name: John Nagel
13. Birthplace: Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mary Vonderfeldt
15. Birthplace: Germany (City, town, or county) (State or foreign country)
16. (a) Informant: William Thoele
(b) Address: 7527 Flora Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-8-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Valhalla Cemetery
18. (a) Signature of funeral director: Jay B. Smith
(b) Address: 7456 Manchester Rd.
19. (a) 4-7-48 (Date received local registrar) (b) [signature] M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 5 year ..... hour: 8:30 PM minute ..... M.
21. I hereby certify that I attended the deceased from April 1, 1948, to April 5, 1948, that I last saw her alive on April 5, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	48 hr.
Due to: Chronic nephritis + Cardio-Renal disease	2
Due to:	
Other conditions (Include pregnancy within 3 months of death): 13 wk	
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: [signature] (M. D. or other) M.D.
Address: 5202 University St. Date signed: 4/6/48

Jefferson City Printing Co.
(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 H C Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.