No. 300
-10-47
-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28511

FILED SEP 7 1948

Registration District No. 3 7

Primary Registration District No. 2033 6 076

Registrar's No. 2033

1. PLACE OF DEATH:

(a) County St Louis County

(b) City or town Afton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Afton, Mo.
(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 Mo. (b) County ST, LOUIS 96

(c) City or town AFTON R R 14 320 (If outside city or town limits, write "RURAL") 11

(d) Street No. ..... (If rural, give location) 11

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

If yes, name country .....

3. (a) PRINT FULL NAME Bertha Naegle

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 W 2

6. (b) Name of husband or wife Frank

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

7. Birth date of deceased (Month) Aug, (Day) 10 (Year) 1891

8. AGE: Years 57 | Months 0 | Days 18 | If less than one day ..... hr. ..... min.

9. Birthplace Ark. (City, town, or county) (State or foreign country) 1

10. Usual occupation House Work

11. Industry or business At Home

FATHER
12. Name John Friemel
13. Birthplace (City, town, or county) Geramany (State or foreign country) 4

MOTHER
14. Maiden name ? Bartch
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant John Doll
(b) Address Afton Mo.

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof Aug 28/48 (Month) (Day) (Year)
(c) Place: burial or cremation Ft. Smithis Ark.

18. (a) Signature of funeral director Fendler Und Co
(b) Address 7420 Michigan Ave

19. (a) 8-30-48 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month August day 28th
year 1948 hour 3:00 P.M. minute ..... M.

21. I hereby certify that I attended the deceased from Aug 20, 1948, to Aug 28, 1948
that I last saw her alive on Aug 28, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral Regurgitation	
Due to 92 b	
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 ?

23. Signature E. G. Lance (M. D. or other) DO

Address 3546 Grovois Ave Date signed Aug 28

(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 Van M Lezamene

Licensed Embalmer No. 4343

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.