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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28513
Registrar's No. 1908

FILED SEP 7 1948
Registration District No. 7

Primary Registration District No. 6076

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

1. PLACE OF DEATH:
(a) County St. Louis,
(b) City or town Pond,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Highway 50./
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 56 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis, 96
(c) City or town Pond,
(If outside city or town limits, write "RURAL")
(d) Street No. Highway 50
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ferdinand Nezzer,
3. (b) If veteran, name war none
3. (c) Social Security No. 490-03-0654
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Dorothy Nezzer
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Feb. (Month) 12, (Day) 1892 (Year)

8. AGE: Years 56 | Months 5 | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace St. Louis Co. (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Laborer
11. Industry or business Micotto Construction Co.
FATHER
12. Name Carlo Nezzer,
13. Birthplace (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name Rosa Tellenello
15. Birthplace (City, town, or county) Italy (State or foreign country) 5
16. (a) Informant Mrs. Dorothy Nezzer,
(b) Address Glencoe, Mo. R #1.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug-12-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Bethel Cem. Pond, Mo.
18. (a) Signature of funeral director Schrader Funeral Home,
(b) Address Ballwin, Mo.
19. (a) 8-12-48 (Date received local registrar) (b) Carla Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 10, year 1948 hour 4 minute 25 A. M.

21. I hereby certify that I attended the deceased from Aug 3, 1948 to Aug. 9, 1948 that I last saw him alive on Aug 9, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary tuberculosis	
Due to Mal Nutrition arterial Sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 13	
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 0

23. Signature Henry F. Scott (M. D. or other M.D.
Address Ballwin Mo. Date signed Aug 10-48

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: Theo. Schuder

Licensed Embalmer No. 3066

P. O. Address: Ballwin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed. fact should be so stated above.