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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31302

FILED OCT 9 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8485

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

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: 6241 Arsenal Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution - (Specify whether
In this community 66 Years
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")

(d) Street No. 6241 Arsenal Street
(If rural, give location)

~ #3 ~

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

If yes, name country -

3. (a) PRINT FULL NAME Anna Spence Nagel

3. (b) If veteran, name war -

3. (c) Social Security No.

4. Sex F /

5. Color or race W

6. (a) Single, widowed, married, divorced 3 D

6. (b) Name of husband or wife -

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

7. Birth date of deceased December 22, 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	9	6	hr. min.

9. Birthplace Virden (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Retired Registered Nurse

11. Industry or business Nursing

FATHER
12. Name Benjamin Spence
13. Birthplace (City, town, or county) Illinois / (State or foreign country)

MOTHER
14. Maiden name Felicia Morrell
15. Birthplace (City, town, or county) Illinois / (State or foreign country)

16. (a) Informant Miss Louise Nagel
(b) Address 6241 Arsenal Street

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof 9/30/48 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director BEIDERWIEDEN F.H. INC.
(b) Address 1936 St. Louis Avenue

19. (a) SEP 30 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month September day 28th
year 1948 hour 5: minute 00 P. M.

21. I hereby certify that I attended the deceased from 9-20-48, 19__, to 9-28-, 1948
that I last saw her alive on 9-28-, 1948,
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of breast, untreated.	1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Generalized body metastases,	
Major findings: Of operations never was treated.	
Of autopsy	

50

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 Charles Sherwin (M. D. or other)

Address 3720 Washington Date signed 9/29/48.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Chas. F. Sherwin
3720 Washington Avenue
3:00 - 6:00

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 Neal L. Parker

Licensed Embalmer No. 4114

P. O. Address 1936 St. Louis Ave

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.