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

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

42693

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JAN 13 1949

State File No. _____
Registrar's No. 11211

Registration District No. 318

Primary Registration District No. 1003

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:
Barnes Hospital.
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1222a Hodiament
5 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME Peter Joe Nagle
3. (b) If veteran, name war. No
3. (c) Social Security No. 498-07-0022

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Nellie Nagle
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 5, 1885.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 8 22 hr. 1 min.

9. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Moulder

11. Industry or business _____

12. Name Charles Nagle

13. Birthplace St. Louis Co. Missouri.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Havester

15. Birthplace Rolla, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Juel J. Nagle

(b) Address 1222A Hodiament Ave.,

17. (a) Burial (b) Date thereof Dec. 30, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Laurel Hill Cemetery

18. (a) Signature of funeral director Joa. W. Clark
(b) Address 1125 Hodiament Ave.,
19. (a) DEC 27 1948 (b) J. B. Laoster
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Dec. day 27
year 1948 hour 1 minute 30 A.M.
21. I hereby certify that I attended the deceased from
Dec. 4, 1948, 19____, to Dec. 27, 1948, 19____;
that I last saw him alive on Dec. 27, 1948, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
Due to Metastatic carcinoma
Due to Carcinoma of larynx, lung
Primary site - Larynx
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 161
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?

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature F. R. Bradley (M. D. or other)
Address Barnes Hospital, Date signed 12/27/48

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, ~~and~~ MR

....., Registered Apprentice No.....
working under my personal supervision.

Signed Elton R. Hamelin

Licensed Embalmer No. 4283

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.