

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

10479

State File No.

2223

BIRTH NO.		REG. DIST. NO. 6001		PRIMARY REG. DIST. NO. 01E		Registrar's No. 2223		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 01E				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		17		
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge 0				d. STREET ADDRESS (If rural, give location) 5402 Ruskin Avenue 0				
3. NAME OF DECEASED (Type or Print) a. (First) Charles			b. (Middle) H. Nirgenau			c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) 3 12 1949			5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 6/12/89		9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant		10b. KIND OF BUSINESS OR INDUSTRY Packing		11. BIRTHPLACE (State or foreign country) 10 St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME Charles Nirgenau		13b. MOTHER'S MAIDEN NAME Louisa Lohman		14. NAME OF HUSBAND OR WIFE Ann (Walsh) Nirgenau				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 494-01-8629		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ann Nirgenau-5402 Ruskin Av				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Meningitis-Meningococci ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) 8/2 DUE TO (c) 3/11/49 II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Pulmonary Emphysema. Hypertension				INTERVAL BETWEEN ONSET AND DEATH 2 weeks 10 years		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from Feb , 19 47 , to March , 19 49 , that I last saw the deceased alive on March 12 , 19 49 , and that death occurred at 11A m., from the causes and on the date stated above.								
23a. SIGNATURE Martin W. Davis			23b. ADDRESS (Degree or title) MD 539 N Grand			23c. DATE SIGNED March 14, '49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/15/49		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cem		24d. LOCATION (City, town, or county) (State) St. Louis County		
DATE REC'D BY LOCAL MAR 14 1949		REGISTRAR'S SIGNATURE J. B. Prout			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kraeger-Voss-3402N. Kingshighway			

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Elmer P. Padwell.....

Licensed Embalmer No. 4077.....

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.