

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18001**

FILED MAY 28 1949

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3070** Registrar's No. **942**

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBSTER GROVES		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBSTER GROVES	
c. LENGTH OF STAY (in this place) 68 YRS		d. STREET ADDRESS (If rural, give location) 205 ROSE AVE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 205 ROSE AVE		d. STREET ADDRESS (If rural, give location) 205 ROSE AVE	

3. NAME OF DECEASED (Type or Print) MRS ROSA NAGEL			4. DATE OF DEATH (Month) (Day) (Year) APR-17-1949		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH FEB-21-1877		9. AGE (In years last birthday) 72		10. IF UNDER 1 YEAR: Months 1 Days 21	
11. BIRTHPLACE (State or foreign country) GERMANY		12. CITIZEN OF WHAT COUNTRY? U.S.A		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	
10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) GERMANY		12. CITIZEN OF WHAT COUNTRY? U.S.A	

13a. FATHER'S NAME FREDRICK LAUTENSCHLAGER - UNKNOWN		13b. MOTHER'S MAIDEN NAME ANTON NAGEL		14. NAME OF HUSBAND OR WIFE ANTON NAGEL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME FRED A. NAGEL	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lung		INTERVAL BETWEEN ONSET AND DEATH 12-20-47
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		
ANTECEDENT CAUSES		
DUE TO (b) 47d		
DUE TO (c) 11.2x		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death. Somolity		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 **12-20-1947**, to **4-11-1949**, that I last saw the deceased alive on **4-12-1949**, and that death occurred at **8 9** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Arthur W. Westray M.D.		23b. ADDRESS Webster Groves, Mo.		23c. DATE SIGNED 4-18-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE ARR-20		24c. NAME OF CEMETERY OR CREMATORY OLD PICKERSCEM	
24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.		25. FUNERAL DIRECTOR'S SIGNATURE Parker Undertaking Co. Groves		ADDRESS Webster Groves	
DATE REC'D BY LOCAL REG. 4-18-49		REGISTRAR'S SIGNATURE Shirley L. ...		25. FUNERAL DIRECTOR'S SIGNATURE Parker Undertaking Co. Groves	

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 *Leb Aldrich*

Licensed Embalmer No. *1332*

P. O. Address *Deebley Grove*

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.