

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

14836

FILED APR 25 1950

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State File No. ....

3529

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis, Missouri</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		<u>2169</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bethesda General Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>3457 Arsenal Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louis</u>		b. (Middle) <u>Andrew</u>		c. (Last) <u>Nahm</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 15, 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>4-7-1895</u>	
9. AGE (In years last birthday) <u>55</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cashier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Pevely Dairy Co.</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>0</u>	
13a. FATHER'S NAME <u>Louis Nahm</u>		13b. MOTHER'S, MAIDEN NAME <u>Frances O'Brien</u>		14. NAME OF HUSBAND OR WIFE <u>Lenola Nahm</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-01-8222</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lenola Nahm, 3457 Arsenal St.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic (terminal Bronchial Preliminary Cerebral Hemidg.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) <u>Malignant Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS <u>Chr Myocarditis + Chr interstitial nephros</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>1.5 days</u> <u>4 yrs 4 mo</u> <u>11</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" 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) <u>none</u> <u>331X</u>			
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? <u>none</u>			
22. I hereby certify that I attended the deceased from <u>Dec 5</u> , 19 <u>45</u> , to <u>April 15</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>April 15</u> , 19 <u>50</u> , and that death occurred at <u>9.10 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm Standloff M.D.</u>				23b. ADDRESS <u>512 Over Place.</u>		23c. DATE SIGNED <u>4/16/50</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>4/18/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Our Redeemer St. Louis</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>APR 17 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Farster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schauer 3625 Fayette</u>			

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

1-1-1914

**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.

Signed Joseph B. Hollman

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 41014

P. O. Address 3125 Lakewood 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.