

FILED MAY 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17895

State File No.

BIRTH NO. _____ REG. DIST. No. 305 PRIMARY REG. DIST. No. 6047 Registrar's No. 18

1. PLACE OF DEATH <u>Home Foristella Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>St Charles</u>		a. STATE <u>Mo</u>	b. COUNTY <u>St Charles</u>
b. CITY (If outside corporate limits, write RURAL and give township) <u>Foristella Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>3 1/2 mi North East 0970</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED		4. DATE OF DEATH	
a. (First) <u>FRANK</u>	b. (Middle) <u>Xavier</u>	c. (Last) <u>Nachtmann</u>	(Month) (Day) (Year) <u>May 13 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>Sept. 24-1885</u>
9. AGE (In years last birthday) <u>65</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
11. BIRTHPLACE (State or foreign country) <u>Junction City Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mining Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY	

13a. FATHER'S NAME <u>Andrew Nachtmann</u>	13b. MOTHER'S MAIDEN NAME <u>Katherine Egan</u>	14. NAME OF HUSBAND OR WIFE <u>Ezzie L. Myers</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <u>702-03-4900</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Francis W. Nachtmann</u>	ADDRESS <u>Urbana, Ill.</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 Hours</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min)	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 5/13, 1950, to 5/13, 1950, that I last saw the deceased alive on 5/13, 1950, and that death occurred at 6:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>H.C. Mc Murray M.D.</u>	(Degree or title)	23b. ADDRESS <u>Wentzville, Mo.</u>	23c. DATE SIGNED <u>5/13/50</u>
---	-------------------	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 16 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Charles Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wentzville Mo</u>
---	------------------------------	--	--

DATE REC'D BY LOCAL HEALTH DEPT. <u>May 17 1950</u>	REGISTRAR'S SIGNATURE <u>Walter J. Buff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wentzville Mo</u>	ADDRESS
---	---	---	---------

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

0970

RECEIVED
District Health Officer No. 9,
District File Number

MAY 31 1951
JUN 7 1951

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 Me

Student Embalmer No. _____

working under my personal supervision.

Signed Elton R. Remelius

Signed _____
Student Embalmer

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.