

FILED MAR 7 1951

STANDARD CERTIFICATE OF DEATH

6476

State File No.

318

1003

Registrar's No.

1871

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 Missouri				b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) St. Louis, 2159		d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital				
c. LENGTH OF STAY (in this place)				d. STREET ADDRESS (If rural, give location) 4750a Michigan Ave.						
3. NAME OF DECEASED (Type or Print)		a. (First) Joseph		b. (Middle) W.		c. (Last) Nagel		4. DATE OF DEATH (Month) (Day) (Year) February 24, 1951		
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH September 27, 1883		9. AGE (In years last birthday) / UNDER 1 YEAR / UNDER 1 MONTH / UNDER 1 HOUR / UNDER 1 MIN. 67		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Watchman			10b. KIND OF BUSINESS OR INDUSTRY P.D. George Paint Co.			11. BIRTHPLACE (State or foreign country) St. Louis, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George Nagel			13b. MOTHER'S MAIDEN NAME Caroline Walter			14. NAME OF HUSBAND OR WIFE Elizabeth M. Nagel Deceased				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Edith Becher 7912 Ivory Ave.					
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) <i>acute anterior myocardial infarction</i>					INTERVAL BETWEEN ONSET AND DEATH 3 days	
				ANTECEDENT CAUSES Morbid 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 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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 4201					
22. I hereby certify that I attended the deceased from 2-23, 1951, to 2-24, 1951, that I last saw the deceased alive on 2-24, 1951, and that death occurred at 2:30 P.M., from the causes and on the date stated above.										
23a. SIGNATURE A. K. Finschel M.D.				(Degree or title)		23b. ADDRESS 539 N. Grand			23c. DATE SIGNED 2-26-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/27/51		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery			24d. LOCATION (City, town, or county) (State) St. Louis, Missouri			
DATE REC'D BY LOCAL AGENCY FEB 26 1951		REGISTRAR'S SIGNATURE <i>[Signature]</i>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary 2842 Meramec St. St. Louis, 18 Mo.				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 _____ me

working under my personal supervision.

Student Embalmer No.

Signed.....

Loren E. Perry

Signed.....

Student Embalmer

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.

St. Louis, 18 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.