

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 23 1952

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058

1. PLACE OF DEATH a. COUNTY St Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St Charles	
b. CITY (If outside corporate limits, write RURAL and give township) St Charles		c. CITY (If outside corporate limits, write RURAL and give township) St Charles	
c. LENGTH OF STAY (In this place) 73 yrs		d. STREET ADDRESS (If rural, give location) 630 Clark St	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Fred	b. (Middle) H	c. (Last) Nesslage	4. DATE OF DEATH (Month) (Day) (Year) Feb 14 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 2 1878	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 2 Days 12	IF UNDER 4 WKS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Mill	11. BIRTHPLACE (State or foreign country) St Charles Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Herman Nesslage	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Bertha Ehlman Nesslage
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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. 489-07-8607	17. INFORMANT'S SIGNATURE OR NAME Bertha Nesslage ADDRESS St Charles Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 days 5 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage - Right		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Hypertension Gen Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture (neck) left Femur			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331XF	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Charles, MO.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 4 1952 10 A.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell at home
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22. I hereby certify that I attended the deceased from **7-17-1950**, to **2-13-52**, that I last saw the deceased alive on **2-12-52**, and that death occurred at **11 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)	23b. ADDRESS 126 S. Main St.	23c. DATE SIGNED 2-16-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 16 1952	24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery	24d. LOCATION (City, town, or county) (State) St Charles Mo
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DATE REC'D BY LOCAL REG. 2-19-52	REGISTRAR'S SIGNATURE [Signature]	25. GENERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS [Address]
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Frederic W. Bone

Licensed Embalmer No. 4607

P. O. Address St. Charles, 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.