

FILED MAR 31 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12075**
2826

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

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|--|--|---|--|
| 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) St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | |
| c. LENGTH OF STAY (In this place) 1 mo. 27 days | | 2169 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary Hospital | | d. STREET ADDRESS (If rural, give location) 2912 a South Compton Ave. | |

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| 3. NAME OF DECEASED (Type or Print) FRED C. NAGEL | | | 4. DATE OF DEATH (Month) 3 (Day) 13 (Year) 1953 | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married | |
| 8. DATE OF BIRTH 11-19-1887 | | 9. AGE (In years last birthday) 65 | | 10. CITIZEN OF WHAT COUNTRY? U.S. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Illinois | |

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|---|--|---|--|---|--|
| 13a. FATHER'S NAME Fred Nagel | | 13b. MOTHER'S MAIDEN NAME Christine Spier | | 14. NAME OF HUSBAND OR WIFE Mrs. Olivia Nagel | |
| 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 City Infirmary 5800 Arsenal St. | |

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|--|--|---|--|-------------------------------------|--|
| 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) | | Arteriosclerotic Heart Disease | | years | |
| ANTECEDENT CAUSES | | DUE TO (b) | | Generalized Arteriosclerosis | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) | | years | |
| II. OTHER SIGNIFICANT CONDITIONS | | Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|------------------------|--|----------------------------------|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 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.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
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|---|--|--|--|---|--|
| 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? 4200 | |
|---|--|--|--|---|--|

22. I hereby certify that I attended the deceased from **Jan 16, 1953**, to **Mar 13, 1953**, that I last saw the deceased alive on **Mar 13, 1953**, and that death occurred at **4:20 Am.**, from the causes and on the date stated above.

| | | | | | |
|---------------------------------------|--|-------------------------------------|--|------------------------------------|--|
| 23a. SIGNATURE George Esker | | 23b. ADDRESS 5600 Arsenal | | 23c. DATE SIGNED 3/13/53 | |
|---------------------------------------|--|-------------------------------------|--|------------------------------------|--|

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|--|--|-------------------------------|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 3-16-1953 | | 24c. NAME OF CEMETERY OR CREMATORY St. Trinity Cemetery | |
| 24d. LOCATION (City, town, or county) (State) 2000 Lemay Ferry Rd Mo | | | | | |

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|--|--|---|--|
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 16 1953 J. Earl Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geiguhier Bros 6409 Gray Ave | |
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G.O.P. (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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

James M. Sweeney

Licensed Embalmer No. _____

4343

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.