.S. No. 300
EV. 10.48

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40940

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11199

0

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

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 2029

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place) 27 days

c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ] 0

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) CITY INFIRMARY

e. STREET ADDRESS (If rural, give location) 2 4434 Eichelberger

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) c. (Last) NESTLEHUT

4. DATE OF DEATH (Month) 11 (Day) 26 (Year) 1953

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower 2
8. DATE OF BIRTH May 9 1861
9. AGE (In years last birthday) 92 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist
10b. KIND OF BUSINESS OR INDUSTRY Railroading
11. BIRTHPLACE (City and State or Foreign Country) Indiana 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Geo. Nestlehut
13b. MOTHER'S MAIDEN NAME Sophia Arnold
14. NAME OF HUSBAND OR WIFE Widower

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? 4200

22. *I hereby certify that I attended the deceased from* Sept. 30, *19* 53, *to* Nov. 26, *19* 53, *that I last saw the deceased alive on* Nov. 26, *19* 53, *and that death occurred at* 9:06 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Palmer Romaine Bowdish 0 (Degree or title) M W
23b. ADDRESS 5800 Arsenal St.
23c. DATE SIGNED 11/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov 28 1953
24c. NAME OF CEMETERY OR CREMATORY Calvary
24d. LOCATION (City, town, or county) DeSoto (State) Mo.

DATE REC'D BY LOCAL REG. NOV 27 1953
REGISTRAR'S SIGNATURE J Carl Smith MD MJB
25. FUNERAL DIRECTOR'S SIGNATURE Daniel J. Mahn ADDRESS DeSoto Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signe[redacted] J. Mahan

Licensed Embalmer No. 432

P. O. Address De Soto M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.