

FILED MAR 19 1956

STANDARD CERTIFICATE OF DEATH

State File No. 10288

BIRTH NO. 8421-56 REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY Saint Charles			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE Missouri b. COUNTY St. Charles		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Charles		c. LENGTH OF STAY (In this place) 7 days		c. CITY OR TOWN Saint Charles	
d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Joseph's Hospital			e. STREET ADDRESS (If rural, give location) 125 North V Fifth St. 0923		
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) J.		c. (Last) Nistler III	
4. DATE OF DEATH (Month) (Day) (Year) March 12, 1956		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH March 5, 1956		9. AGE (In years last birthday) 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Saint Charles, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME George Nistler		13b. MOTHER'S MAIDEN NAME Martha Powell	
14. NAME OF HUSBAND OR WIFE None		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. None	
17. INFORMANT'S SIGNATURE OR NAME George Nistler, Jr., St. Charles, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary abelectasis bilateral		INTERVAL BETWEEN ONSET AND DEATH 48 hours		ANTECEDENT CAUSES	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Congenital defects of		DUE TO (c) hemorrhagic pneumonia	
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 checked="" 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)		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 March 10, 1956, to March 13, 1956, that I last saw the deceased alive on March 11, 1956, and that death occurred at 6:00 m., from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) Vincent A. Blinniker M.D.	
23b. ADDRESS St. Charles, Mo.		23c. DATE SIGNED 3/12/56		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE March 13, 1956		24c. NAME OF CEMETERY OR CREMATORY Borromeo Cemetery		24d. LOCATION (City, town, or county) (State) Saint Charles, Mo.	
DATE REC'D BY LOCAL REG. March 13/1956		REGISTRAR'S SIGNATURE Lannie Hammett		25. FUNERAL DIRECTOR'S SIGNATURE J.C. Gallows, Sr., St. Charles, 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 e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No.....
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.