

FILED MAR 27 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10800
State File No.
2102
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2102			
1. PLACE OF DEATH a. COUNTY - 圣路易县				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 township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 2 days		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) DePaul Hospital				e. STREET ADDRESS (If rural, give location) 4620 Sulphur Ave.					
3. NAME OF DECEASED (Type or Print) JOSEPHINE		a. (First)		b. (Middle)		c. (Last) NAHLER			
4. DATE OF DEATH (Month) (Day) (Year) Feb. 28, 1957		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			
8. DATE OF BIRTH Mar. 21, 1889		9. AGE (In years last birthday) 67		10. IF UNDER 1 YEAR Days		11. IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping		10b. KIND OF BUSINESS OR INDUSTRY Home Maker		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME John Foley		13b. MOTHER'S MAIDEN NAME Mary Walsh		14. NAME OF HUSBAND OR WIFE Eugene Nahler					
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 ADDRESS Peter Ward 7328 Burwood Dr.					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bleeding esophageal varices				DUPLICATE OF (a) Bleeding esophageal varices				2 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cirrhosis of the liver				DUE TO (c) 581-0				2 years?	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1. arteriosclerotic heart disease 2. Scleroderma								indefinite 2 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
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) (Min.)		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 4-12-55 , 19 55 , to 2-28- , 19 57 , that I last saw the deceased alive on 2-28- , 19 57 , and that death occurred at 9P. m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) W. Warner		23b. ADDRESS me 0 539 N. Grand		23c. DATE SIGNED 2-1-57					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/4/57		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.			
DATE REC'D BY LOCAL REG. MAR 2 57		REGISTRAR'S SIGNATURE Carl Smith		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Allen Keller 7267 Natural Bridge					

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

Vourmes
5 3 9
W. Howard

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.....
Signature of Student Embalmer

Signed *Harvey Kahle*.....

Licensed Embalmer No. *4596*.....

P. O. Address *St Louis 9 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.