

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033208

FILED VS SEP 7 1960

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2243

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>CLAYTON</u>		Length of stay in 1b <u>D.O.R</u>		c. CITY OR TOWN <u>MEHLVILLE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) <u>ST LOUIS COUNTY Hosp</u>				d. STREET ADDRESS <u>Rt 8-Box 470</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>PHILLIP</u> Middle <u>—</u> Last <u>NAHRGANG</u>			4. DATE OF DEATH Month <u>JULY</u> Day <u>25</u> Year <u>1960</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>FEB-22-1884</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CARPENTER</u>		9. AGE (last birthday) <u>76</u>		11. BIRTHPLACE (City and state or country) <u>GERMANY</u>	
13a. FATHER'S NAME <u>JOHN NAHRGANG</u>				13b. MOTHER'S MAIDEN NAME <u>LINKOWN</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>489-01-5938</u>		17. INFORMANT <u>ELIZABETH NAHRGANG</u> Address <u>Rt 8-Box 470 St Louis 25 Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Close contact gunshot wound of the right temple</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.] DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Self inflicted gunshot wound of head</u>			
20c. TIME OF INJURY <u>12:15</u> p.m.		Month, Day, Year <u>7/25/60</u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>rear sun porch of home</u>		20f. CITY, TOWN, OR LOCATION <u>Mehlville</u>		COUNTY STATE <u>St. Louis Missouri</u>	
21. I attended the deceased from _____, to _____, and last saw her/him alive on _____. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Raymond Hale</u> (Degree or title) Coroner				22b. ADDRESS <u>Clayton, Mo.</u>		22c. DATE SIGNED <u>8/3/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>July-28-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt Hope Cem</u>		23d. LOCATION (City, town, or county) (State) <u>REMAV. MO.</u>	
24. FUNERAL DIRECTOR <u>Fey Funeral Home, MEHLVILLE</u>				25. DATE RECD. BY LOCAL REG. <u>Mo. 7-27-60</u>		26. REGISTRAR'S SIGNATURE <u>John C. Murphy M.D.</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Herbert J. Law Jr.

Licensed Embalmer No. 4800

P. O. Address Hickwood

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.