

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035848

FILED VS SEP 21 1960

310

6051

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STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>St. Charles</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Charles Twp.</b>		Length of stay in lb <b>40 Yrs.</b>		c. CITY OR TOWN <b>Rural-St. Chas. Twp.</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Residence, R. R. 3</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>R. R. # 3</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>Frances</b> Middle <b>Caroline</b> Last <b>Nagel</b>				4. DATE OF DEATH Month <b>Feb.</b> Day <b>26,</b> Year <b>1960</b>									
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>May 3, 1877</b>		9. AGE (last birthday) <b>82</b>		IF UNDER 1 YEAR Months <b>9</b> Days <b>23</b> Hours <b></b> Min. <b></b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		11. BIRTHPLACE (City and state or country) <b>Pittsburgh, Pa.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>						
13a. FATHER'S NAME <b>Frank Falter</b>			13b. MOTHER'S MAIDEN NAME <b>Marie Loibel</b>			14. NAME OF HUSBAND OR WIFE <b>Charles Nagel</b>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO. <b>493-42-7300</b>		17. INFORMANT Address <b>Mo.</b> <b>Miss Anna Nagel, St. Chas. Co.,</b>								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>EVIDENT. NATURAL CAUSES</b>										INTERVAL BETWEEN ONSET AND DEATH			
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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)									
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year _____											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE					
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 (Degree or title) <b>Marcella Wilson S. Reg</b>				22b. ADDRESS <b>902 Holly St. CHARLES</b>				22c. DATE SIGNED <b>Sept. 13-60</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Mar. 1, 1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>St. Peter Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Charles, Mo.</b>							
24. FUNERAL DIRECTOR <b>H.C. Dallmeyer &amp; Sons, St. Charles,</b>				ADDRESS <b>Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Feb. 27-60</b>		26. REGISTRAR'S SIGNATURE <b>Marcella Wilson</b>					

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 Frank R. Dimala

Licensed Embalmer No. 483

P. O. Address M. Ch

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