WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38630

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 11256

Township ..... Primary Registration District No. 1003 Registered No. .....

City St. Louis (No. 5055 Louisiana Ave St. ..... Ward)

2. FULL NAME Joseph G. Maichel

(a) Residence. No. 5055 Louisiana St., 15 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Annie Maichel

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 30 1868

7. AGE: Years 60 | Months — | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Florist
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN): Collinsville
(STATE OR COUNTRY): Ill.

PARENTS

10. NAME OF FATHER: Christoph Maichel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Germany

14. INFORMANT: Annie Maichel
(Address) 5055 Louisiana Ave

15. FILED NOV 19 1928 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 15 1928

17. I HEREBY CERTIFY, That I attended deceased from November 8th, 1928, to November 14th, 1928 that I last saw him alive on Nov 14th, 1928, and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hemorrhage Cerebral apoplexia
54
84A (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Diabetes Mellitus
(duration) 3 yrs. ..... mos. ..... ds.

57

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Dr Robert Freiderer, M. D
Nov 17th, 1928 (Address) ~~Nov~~ 1012 Peyer Av

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Sunset
DATE OF BURIAL: 11-19 1928

20. UNDERTAKER: Wm Schumacher
ADDRESS: 3013 Meramec

Dr Greidefer
& P.M.

Vic 0212 1012