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

Do not use this space.

File No. 24065

Registered No. 850

1. PLACE OF DEATH
County St Louis
Township Carondelet
City (No. Koch Hospital St. Ward)
Registration District No. 1123
Primary Registration District No. 1248B

2. FULL NAME Mike Candel (CANDEL)
(a) Residence. No. 2124 Allen St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

AUG 27 1932

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Mary Candel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Abt 1886 Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Abt	46	Unknown		

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

9. BIRTHPLACE (CITY OR TOWN) Austria
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Tony Candel
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Austria
12. MAIDEN NAME OF MOTHER Mary G—
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Austria

14. INFORMANT P. Koch Hospital Rec.
(Address) Koch Mo

15. FILED 7/25 1932 L. C. Abrol M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-23 1932

17. I HEREBY CERTIFY, That I attended deceased from July 1 1932 to July 23 1932, that I last saw him alive on July 23 1932, and that death occurred, on the date stated above, at 10 45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bilateral bronchopneumonia For. Acute
Nephritis Fair Acute.
ICD 23A
ICD 95B (duration) 8 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Cardiac - Nephritis
(cardiac - nephritis)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Not known
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X-ray - Autopsy
(Signed) Carroll F. Leonard M.D.
, 19 (Address) Koch Hosp.

*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	DATE OF BURIAL
SS Peter + Paul	7-25 1932
20. UNDERTAKER	**ADDRESS**
H. C. Maydell	1916 Allen

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.

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