

WRITE FULLY, 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.

24189

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
 Township ..... Primary Registration District No. 1008  
 City St. Louis (No. 5441), Thrush Ave. St. .... Ward (.....)

File No. ....  
 Registered No. 6300

**2. FULL NAME** George F. Lingel

(a) Residence, No. 5441 Thrush St. 7 Ward. (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) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/16/1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
74 1 20

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer, Retired  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Unknown ✓ 2  
 (STATE OR COUNTRY) Iowa

FATHER  
 13. NAME Daniel W. Lingel

14. BIRTHPLACE (CITY OR TOWN) Unknown 31  
 (STATE OR COUNTRY)

MOTHER  
 15. MAIDEN NAME Elizebeth Unknown

16. BIRTHPLACE (CITY OR TOWN) St. Louis 1  
 (STATE OR COUNTRY) Mo.

17. INFORMANT J. W. Lingel  
 (ADDRESS) 6633 W. Florissant

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE July 8 1932

19. UNDERTAKER Robert J. Ambrosetti  
 (ADDRESS) 6633 W. Florissant

20. FILED L.L. - 8 1932  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6 19 32

22. I HEREBY CERTIFY, That I attended deceased from 7/2/32 19 to 7/6/32 1932

I last saw him alive on 7/6/32 1932 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage, Date of onset 7/1/32

Other contributory causes of importance: Ⓛ

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? N.O.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? N.O.

If so, specify (Signed) Frank R. Dossel M. D.

(Address) 6310 W. Florissant

