

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

Do not use this space.

27268

1. PLACE OF DEATH

96 County St. Louis Registration District No. 790
Township Central Primary Registration District No. 4033
City Clayton (No. St. Louis Co. Hospital)
2. FULL NAME Charles Zaegel
(a) Residence, No. 2308 Saebler St. 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.

File No. _____
Registered No. _____
St. _____ Ward) _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cecilia Zaegel
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1 1918
7. AGE YEARS 43 MONTHS 2 DAYS 18 if LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Standard Corp.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.
13. NAME Florence Zaegel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France
15. MAIDEN NAME Madglener Schall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France
17. INFORMANT Cecilia Zaegel (ADDRESS) england, mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE S. Peter Paul DATE 8-9-32
19. UNDERTAKER (ADDRESS) Augustus Burt's Overland, mo.
20. FILED Aug 8 1932 R.M. Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-6-32
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw h _____ alive on _____, 19____. Death is said to have occurred on the date stated above at _____ m.
The principal cause of death and related causes of importance were as follows:
Struck by automobile
run over by street car
St. Louis, Mo.
W. W. Laughter
Other contributory causes of importance:
Fractured skull
1753
1915
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____
Where did injury occur? St. Louis (Specify city or town, county, and State)
Specify whether injury occurred in industry, home, or in public place.
On street car
Manner of injury fractured skull
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) John O'Connell M. D.
Address Coroner of St. Louis County

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.

AUG 30 1932

