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.

FEB 27 1934

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 3380

Township ..... Primary Registration District No. 1003 Registered No. 1069

City St. Louis Mo. (No. ....., Sanitarium St. ..... Ward)

2. FULL NAME Peter Hegel

(a) Residence, No. 1704 S. Menard St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 25, 1906

7. AGE: YEARS 27 | MONTHS 4 | DAYS 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
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) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

FATHER

13. NAME Joseph Hegel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME "
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) Benjamin Margulois M.D. 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Jan 30, 1934

19. UNDERTAKER (ADDRESS) J. H. Gebken L & U Co. 7842 Meramec St.

20. FILED JAN 29 1934 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 3rd 1932, to Jan 27th, 1934

I last saw him alive on Jan 27th, 1934. Death is said to have occurred on the date stated above, at 11:00 P.m.

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

	Date of onset
Pulmonary Tuberculosis (Far Advanced)	7/8/33 +
Other contributory causes of importance: Tuberculosis of Bowel (Caecum & Ileum)	7/8/33 +

Name of operation None Date of —

What test confirmed diagnosis? (1) Xray (2) Clinical Was there an autopsy? Yes

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?

If so, specify

(Signed) Benjamin Margulois, M. D.

(Address) 5400 Arsenal St.