

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.

NOV 6 1935

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

Do not use this space.

34490

## 1. PLACE OF DEATH

County.....  
Township.....  
City St. Louis, Mo. (No. Lutheran Hospital)

Registration District No. 791  
Primary Registration District No. 1003

File No.....  
Registered No. 8931  
St. .... Ward)

2. FULL NAME Mrs. August Zagel

(a) Residence, No. 3528 Nebraska St., 27 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Katherine Zagel</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 20 - 1868</u>		
7. AGE	YEARS	MONTHS
	<u>67</u>	<u>5</u>
		DAYS
		<u>2</u>
		IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Bookkeeper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Publishing Co.</u>	
	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) <u>East Waverly, Indiana</u>		
FATHER	13. NAME <u>Andrew Zagel</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Anna Freuchtemich</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Mrs. Katherine Zagel</u> (ADDRESS) <u>3528 Nebraska</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Our Redeemer</u> DATE <u>Oct 25 1935</u>		
19. UNDERTAKER <u>Beiderwiesing Funeral Home Inc.</u> (ADDRESS) <u>607 25 1003 St. Louis</u>		
20. FILED <u>J. F. Bredeck</u> 19..... Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 22nd, 193522. I HEREBY CERTIFY, That I attended deceased from Oct. 21st, 1935, to Oct 23rd, 1935I last saw him alive on Oct 23, 1935. Death is saidto have occurred on the date stated above, at 4:15 P.M.

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

Bilateral Pneumonia Date of onset Oct 20, 1935  
of lung bases with  
Purulent Pleurisy.  
Hemolytic Streptococcus  
following Streptococcal Throat  
Other contributory causes of importance:  
Cardiac failure  
no definite disease of heart.

Name of operation..... Date of.....  
What test confirmed diagnosis..... Was there an autopsy? Yes

23. If death was due to external cause (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) Henry P. Zagel, M. D.  
(Address) 2905 Cherokee St.

See H. F. ...  
2905 ...  
6:00 - 7:30 P.M.  
A-9 ...