

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

Do not use this space.

34784

NOV 27 1935

1. PLACE OF DEATH

County St. Louis 96 Registration District No. 1160
 Town University Mo. 0 Primary Registration District No. 4470
 City University Mo. (No. 0) 7249 Maryland Ave (Ward) 107

2. FULL NAME

(a) Residence, No. 7249 Maryland Ave St. Ward. _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dolly Hegel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 24 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 7 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City Salaman
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hegel Bros Co
 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 Charles Hegel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bushany

15. MAIDEN NAME Elizabeth Imhara

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

17. INFORMANT Andy Reith

18. BURIAL, CREMATION OR REMOVAL St. Peter's Land View DATE Oct 8 1935

19. UNDERTAKER Wm Roberts (ADDRESS) 1408 S. Grand St

20. FILED October 7, 1935 Hena J. Mueller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 6 1935

22. I HEREBY CERTIFY, That I attended deceased from July 10 1931, to Oct. 4 1935.
 I last saw him alive on Oct. 4 1935. Death is said to have occurred on the date stated above, at 10:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset Oct 6
Chronic Myocarditis
OVER

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ as there an autopsy? _____

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 where the injury occurred in industry, in home, or in public place.

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) W. H. Steinboze M. D.
 (Address) 2000 N. 9th

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.

100-117-22-33

This deceased was visiting sister, at 7259
Maryland Ave. and while in garage with
other members fell over dead. In haste
Dr. Gaffney was called and pronounced him
dead. Later learned that Dr. J.H. Weinsburg
was treating patient since 1931 for
Chronic heart ailment.