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

OCT 14 1937 2

32456
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 8510
(c) City St. Louis (d) Street No. 4600 Cecil St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jacob Giel
(a) Residence, No. 4600 Cecil St. 2
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 14, 1880

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
56	9	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Maintenance man
9. Industry or business in which work was done, as saw mill, bank, etc. Medart Patent Pulley 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) Austria-Hungary

FATHER
13. NAME John
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

17. INFORMANT (ADDRESS) Lena Giel 4600 Cecil

18. BURIAL, CREMATION, OR REMOVAL
PLACE SS Peter & Paul DATE 9/11/37 19

19. FUNERAL DIRECTOR (ADDRESS) John L. Ziegenhein & Sons 7027 Gravois Avenue.

20. FILED SEP 10 1937 J. S. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

No attending Physician

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sep 8 1937

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 6:00 P m.
The principal cause of death and related causes of importance were as follows:

Coronary Occlusion — Date of onset

Other contributory causes of importance:

Arteriosclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

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 See above
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Joseph M. Quinn, M. D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

X12004

STATEMENT BY LICENSED EMBALMER

I, Clarence P. Kidwell, Licensed Embalmer No. 3877

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Clarence P. Kidwell

Licensed Embalmer No. 3877

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)