

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

OCT 26 1937

35376  
Do not use this space.

**1. PLACE OF DEATH**

(a) County St. Louis Registration District No. 1160  
 (b) Township \_\_\_\_\_ Primary Registration District No. 4470 Registered No. 93  
 (c) City University City, Mo. (d) Street No. 6809 Corbitt Avenue 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 68 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Phillip Joeckel

(a) Residence, No. 6809 Corbitt Avenue St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(Divorced, write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13th, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
69 6 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Watchman  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) September 1937 11. Total time (years) spent in this occupation. 10 Yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Desperes Missouri

FATHER 13. NAME Nicholas Joeckel

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

MOTHER 15. MAIDEN NAME Anna Luth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Charles Joeckel  
6919 Corbitt Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles DATE Sept. 23rd 19 37

19. FUNERAL DIRECTOR (ADDRESS) Albert H. Hoppe Inc.,  
429 N. Euclid Avenue

20. FILED Sp. 22 1937 Lena V. Moeller (D)  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 21 19 37

22. I HEREBY CERTIFY That I attended deceased from July 7 1936 to Sept - 21 1937  
 last saw him alive on Sept 21 1937. Death is said to have occurred on the date stated above, at 5:45 A.M.

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

Cancer of Lung  
Metastasis

Date of onset

Other contributory causes of importance:

None

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? None 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 \_\_\_\_\_, 19 \_\_\_\_\_  
 Where did injury occur? Home (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, ~~in home~~, or in public place.

Manner of injury None  
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_  
 (Signed) Lucas J. Bull M. D.  
 (Address) 6125 Belmont Ave  
St. Louis

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.

