

REC'D JUN 9 1938

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

16269

Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. ....  
 (c) City ..... St. Louis ..... (d) Street No. .... City Hospital No. 1 ..... Registered No. .... 4130  
 (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.

D. 451

## 2. PRINT FULL NAME

Julius J. Okel ..... 240  
 (a) Residence, No. .... 6538 Arsenal ..... St. [3] ..... (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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13, 1858

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, ..... hrs. or ..... min.  
 79 9 20

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

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

13. NAME Jacob Okel

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

15. MAIDEN NAME Unknown

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

17. INFORMANT ..... Hosp. Info M. Kent  
 (ADDRESS)

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Matthews DATE 5-7-38

19. FUNERAL DIRECTOR (NAME) ..... With Bro. Le Uls  
 (ADDRESS) ..... 2929 S. Jefferson Av

20. FILED MAY - 4 1938 J. F. Bredecker  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/3/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/10/38 to 5/3/38, 19.....

I last saw him alive on 5/3/38, 19..... Death is said

to have occurred on the date stated above, at 9.20 p.m.  
The principal cause of death and related causes of importance were as follows:

Date of onset

Perforated Peptic Ulcer (diverticulum)  
 IIII

Other contributory causes of importance:

Name of operation ..... closure Date of 4-10-38  
 What test confirmed diagnosis? ..... 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) David Heimer, M. D.  
 (Address) City Hospital No. 1

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_, or by Paul A. Shanklin 3

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Edgar F. Witt

Licensed Embalmer No. 2117

P. O. Address \_\_\_\_\_

**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.)**

**If this body is not embalmed, above space should be left blank.**