

REC'D AUG 12 1938

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

23520

Do not use this space.

791
1003

6214

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No..... Registered No.....
(c) City ST. LOUIS. (d) Street No. ALEXIAN BROTHER HOSP 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 WILHELM PAGEL

(a) Residence, No. 2637 KEOKUK ST. St. 24
(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 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 EMILIE PAGEL
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB 15 - 1853
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 4 26
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. CABINET MAKER
9. Industry or business in which work was done, as saw mill, bank, etc. RETIRED
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) GERMANY

13. NAME CARL PAGEL

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

15. MAIDEN NAME HENRIETTA

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

17. INFORMANT (ADDRESS) EMILIE PAGEL - 2637 KEOKUK ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE ST. TRINITY CEM DATE JULY 13 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) JOS. P. FENDLER JR 7128 MICHIGAN AV.

20. FILED JUL 12 19 1938 J. D. Buehler Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 1938

22. I HEREBY CERTIFY That I attended deceased from July 6, 1938, to July 11, 1938.
(I last saw him alive on July 7, 1938. Death is said to have occurred on the date stated above, at 7:00 a.m.
The principal cause of death and related causes of importance were as follows:

Coronary-Cardio-vascular
congestive failure
arteriosclerosis
Date of onset

Other contributory causes of importance:
MI

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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?..... (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 Yes
(Signed) J. D. Buehler M. D.
(Address) Union Club Bldg

N. B.—Every item of information shown on this certificate is very important. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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

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

Signed *Joe P. Fendler, Jr.*

Licensed Embalmer No. *925*

P. O. Address *SI LOUIS.*

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.