

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.

NOV 16 1938

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

33895
 Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1008**
 (c) City **St. Louis** (d) Street No. **Desloge Hospital** Registered No. **8881**
 (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

(a) Residence, No. **6552 O'Dell Ave.** St. **3**
 (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 **Female** 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 **Bernard Grasel**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 4, 1873**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
65 6 6
 OCCUPATION 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. **Housewife**
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Freeburg** (STATE OR COUNTRY) **Ill.**

FATHER 13. NAME **John Vogel**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **Mary Mueller**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Bernard Grasel 6552 O'Dell Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Marcus** DATE **10-13** 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Kriegshauer Mortuary 4228 So. Kingshighway**

20. FILED **1938** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10-10** 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **Jul 30**, 19**38**, to **Oct 10**, 19**38**
 I last saw him alive on **Oct 10**, 19**38** Death is said to have occurred on the date stated above, at **4:30** p.m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Bladder, benign

Date of onset **unknown**
04-10-1938

Other contributory causes of importance: **Cerebral Thrombosis**

Name of operation..... Date of.....
 What test confirmed diagnosis? **Biopsy** Was there an autopsy? **97**

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) **Paul Brown**, M. D.
 (Address) **St. Louis**

OCT 11 1938

10-1-23

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 Reinhold A. Lohman

Licensed Embalmer No. 3395

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.