

131939 REC'D MAY 11 1939

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

16121
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis / Registration District No. 284
 (b) Township _____ / Primary Registration District No. 200
 (c) City Pine Lawn / (d) Street No. 3718 Jennings Road Registered No. 667
 (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

624 August Briegel
 (a) Residence, No. 6156 Bertha Ave. 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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 30, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 7 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer.
 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

12. BIRTHPLACE (CITY OR TOWN) Waterloo, (STATE OR COUNTRY) Illinois.

FATHER 13. NAME Adolph Briegel.

14. BIRTHPLACE (CITY OR TOWN) Waterloo, (STATE OR COUNTRY) Illinois.

MOTHER 15. MAIDEN NAME ? Schneider.

16. BIRTHPLACE (CITY OR TOWN) Waterloo, (STATE OR COUNTRY) Illinois.

17. INFORMANT Mrs. Emma Briegel. (ADDRESS) 6156 Bertha Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles Cem. DATE April 14, 1939

19. FUNERAL DIRECTOR (NAME) Geo. I. Pleitsch Inc. (ADDRESS) 5966-68 Easton Ave.

20. FILED APR 13 1939 G. R. Meyer, M. D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/12/39 19

22. I HEREBY CERTIFY, That I attended deceased from 4/5/39, 19, to 4/12/39, 19.

I last saw him alive on 4/12/39, 19. Death is said to have occurred on the date stated above, at 1:45 A.

The principal cause of death and related causes of importance were as follows:
Chr. Adhesive peritonitis, Date of onset
post-operative.
Urinary occlusion. 4/5/39
Anuria
Hematuria "

Other contributory causes of importance:
Acute peritonitis. 4/5/39
Peritoneal vomiting this following
prostatectomy some time back.

Name of operation None Date of _____
 What test confirmed diagnosis? History 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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify _____
 (Signed) D. J. Turner, M. D., M. D.
 (Address) 3718 Jennings Road.

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.

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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, 3454

David C. Gibson

or by

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

Signed David C. Gibson

Licensed Embalmer No. 3454

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

16121-
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 754
 (b) Township Pine Lawn Primary Registration District No. 200 Registered No. 667-
 (c) City Pine Lawn (d) Street No. Sieman 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 August Biergel
 (a) Residence, No. 6156 Bertha St. (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) m-

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
57 7- 13-

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.
 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)

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

MOTHER
 15. MAIDEN NAME
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 12 1934

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 m.
 The principal cause of death and related causes of importance were as follows:
Chronic adhesive pericarditis post-operative
Primary occlusion acute peritonitis
 Offer contributory causes of importance:
Peritoneal vomiting following prostatectomy
Some time back

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 Luke B. Sieman
 (Signed) 3715 Jennings Rd
 (Address)

SUPPLEMENT

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Exact statement of OCCURRENCE IS VERY IMPORTANT

COPY OF ORIGINAL

Male White Married
Wife's name: Emma Briegel
Age 57 yrs 7 mo. 13 days
Occupation: Labor
Birthplace: Waterloo, Ill.
Father's name: Adolph Briegel
Birthplace: Waterloo, Ill.
Mother's maiden name: -- Schmidt
Birthplace: Waterloo, Ill.
Informant: Mrs. Emma Briegel
6156 Bertha Ave.
Burial Friday 4/14/39 Lake Charles Cem.
Funeral Director: Pleitsch Und. Co.
5966 Easton Ave.

Date of death

4/12/39

Place of death

3718 Jennings Road
Pine Lawn, Mo.

I hereby certify that I attended deceased
from 4/5/39 to 4/12/39. I last saw him alive on 4/12/39.
Death is said to have occurred on the date stated above
at 1:45 A.M.

Date of

Cause of death: Chr. Adhesive peritonitis, post operative
Urinary occlusion.
Anuria
Hematuria.

Secondary:

Acute peritonitis.
Peritoneal vomiting this following
prostatectomy some time back.

Operated on three or four times in County Hospital of Chicago dating back
several years. From beginning never was able to ascertain whether or no
if there was any malignancy at time of operation. History was prostatectomy
for the relief of urinary occlusion with bad results, second operation one
or two years later with bad results. Third operation a year or so later
also bad results. He drained his bladder himself the last two years with
catheter, last time with no relief he then came for medical help.

D. J. [Signature]