

37578

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. _____

9417

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

- (a) County 1
- (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:
City Hospital # 1
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution _____
(Specify whether _____)
- In this community _____
years, months or days

3. (a) PRINT FULL NAME Charles A. Visel 2003. (b) If veteran, name war None3. (c) Social Security No. 494-03-51224. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Viola Visel 6. (c) Age of husband or wife if alive 49 years7. Birth date of deceased May 16th 1889
(Month) (Day) (Year)8. AGE: Years 50 Months 5 Days 17 If less than one day _____ hr. _____ min.9. Birthplace St. Louis MO.
(City, town, or county) (State or foreign country)10. Usual occupation Construction Work11. Industry or business Medart Co.12. Name Albert Visel 613. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Louise Martin15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Viola Visel(b) Address 2636 St. Vincent St.17. (a) Burial (b) Date thereof 11-4-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Valhalla Cemetery18. (a) Signature of funeral director Kriegshauser Mortuary(b) Address 4228 So. Kingshighway19. (a) NOV 3 1939 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County 1
- (c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
- (d) Street No. 2636 St. Vincent St.
(If rural, give location)
- (e) Physician years _____

20. DATE OF DEATH: Month November day 2nd
year 1939 hour 8:15 minute A.M. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Diagnosis
Myocardial Infarction
Diagnosis

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following: _____

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature Joseph H. Duda (Specify type of place) (e) Means of injury _____23. Signature Deputy (M.D. or other) _____

Address _____ Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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.

I 10351

MAILED 1 JANUARY 1940 USE CHANGING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.....

Signed.....

Edward M. Bernatt
.....
Licensed Embalmer No. *3024*
.....

..... 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.