

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

Do not use this space.

6391

**1. PLACE OF DEATH**

County Cole  
 Township Moreau  
 City Lohman, Mo. (No. 424)

Registration District No. 214  
 Primary Registration District No. 5294

File No. \_\_\_\_\_  
 Registered No. 1  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Kunigunda Flegel

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (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) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Adam Flegel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 7th 1856

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>83</u>	<u>3</u>	<u>28</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Millbrook, Mo.  
 (STATE OR COUNTRY) Cole County, Mo.

13. NAME Frederick Rockelman

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

15. MAIDEN NAME Barbara

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

17. INFORMANT Mr. Fred Flegel  
 (ADDRESS) Lohman, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lohman Luth. Cem DATE 2/7/40 19 \_\_\_\_\_

19. UNDERTAKER Negot. Schubert  
 (ADDRESS) Russellville, Mo.

20. FILED 2/7/40 19 Mrs. Mabel Barber  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 5th. 1940

22. I HEREBY CERTIFY, That I attended deceased from 10/10 1939, to 2/4 1940  
 I last saw him alive on 2/4 1940 Death is said to have occurred on the date stated above, at 1A a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset \_\_\_\_\_

Other contributory causes of importance: General Debility

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) Robt. E. Murrell, D.O.

(Address) Russellville, Mo.

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.

*FILED MAR 12 1940*

