

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Anthony's Hospital
(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 1

3. (a) PRINT FULL NAME Dolphus E. Tugel

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillian Tugel 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased November 14, 1880.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 1 16 _____ hr. _____ min.

9. Birthplace Berger Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation High school teacher 0

11. Industry or business _____ 0

MOTHER FATHER { 12. Name Julius M. Tugel 0

13. Birthplace Berger Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Dieterle

15. Birthplace Berger Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lillian Tugel

(b) Address 3219 Hartford Avenue

17. (a) Burial (b) Date thereof 1/2/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Herrmann, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) DEC 21 1940 (b) J. F. Bredeck
(Date read with local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")
 (d) Street No. 3219 Hartford Avenue
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31
 year 1940 hour 3:30 minute _____ M.

21. I hereby certify that I attended the deceased from _____, 1940, to December 31, 1940;
 that I last saw him alive on December 31, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy

Due to Uremia from chronic nephritis

Due to Hypertrophied prostate

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address 29 Frisco Bldg. Date signed 1/2/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING 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.....

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

Signed Wilford G. Burnley
Licensed Embalmer No. 42050

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.