No. 2
-1-4-41
5-17-39
I X26390

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12612

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3042

1. PLACE OF DEATH:

(a) County
(b) City or town ST. LOUIS (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1739 PRESTON PLACE (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 10 23
(c) City or town ST. LOUIS 17 (If outside city or town limits, write "RURAL")
(d) Street No. 1739 PRESTON PLACE (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME EDWARD H. JEKEL

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWER

6. (b) Name of husband or wife SUSIE H. JEKEL

6. (c) Age of husband or wife if alive years

7. Birth date of deceased DECEMBER 12 1868 (Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 25 If less than one day hr. min.

9. Birthplace NEW ALBANY INDIANA (City, town, or county) (State or foreign country)

10. Usual occupation NIL

11. Industry or business

FATHER
12. Name HENRY JEKEL
13. Birthplace GERMANY 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name CAROLINE SCHRADER
15. Birthplace GERMANY 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs James Patterson
(b) Address 1739 Preston Place

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 8 1941 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette av.

19. (a) APR -7 1941 (Date received local registrar) (b) J. H. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL 6 day 6 year 1941 hour 4 minute A M.

21. I hereby certify that I attended the deceased from Jan 30 1941 to April 6 1941 that I last saw him alive on April 4 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Pachyonia of throat

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature [illegible] (M. D. or other)
Address 1446 S Grand Date signed Apr 7 41

(Licensed Embalmer's Statement on Reverse Side)

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.....Jos R Wollman.....

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.