

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

**21642**  
Do not use this space.

7

1. PLACE OF DEATH

(a) County Gasconade Registration District No. 303  
 (b) Township Roark Primary Registration District No. 4182 Registered No. 5  
 (c) City Hermann (d) Street No. 216 E. Third 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 ROBERT BIRKEL  
 (a) Residence, No. 216 E. Third St.  Hermann, Mo.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**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 BERTHA BIRKEL

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 28, 1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	70	9	6	

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

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) Hermann  
 (STATE OR COUNTRY) Missouri ORFD

FATHER

13. NAME Francis Birkel

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

MOTHER

15. MAIDEN NAME Elizabeth Baumgaertner

16. BIRTHPLACE (CITY OR TOWN) Switzerland  
 (STATE OR COUNTRY)

17. INFORMANT Ray Birkel  
 (ADDRESS) Hermann, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Hermann City Cem. DATE 6/8/41

19. FUNERAL DIRECTOR (NAME) Hugo H. Blumer  
 (ADDRESS) Hermann, Missouri

20. FILED 6-7 - 1941 Anna R. Rieckhoff  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1941

22. I HEREBY CERTIFY That I attended deceased from May 26, 1941, to June 5, 1941.  
 I last saw him alive on June 3, 1941. Death is said to have occurred on the date stated above, at 5:15 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Angina Pectoris

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None 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

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) F. J. Kessler M. D.  
 (Address) Hermann, Mo.

Date of onset  
5-26-41

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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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, or by.....

.....  
working under my personal supervision.

Registered Apprentice No.....

Signed.....  


Licensed Embalmer No. 3160.....

P. O. Address Hermann, Missouri.....

**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.**