. S. No. 2
M—4-13-40
v. 5-17-39
I X2315

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27041 6833

Registration District No. 791 1005

Primary Registration District No.

Registrar's No.

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

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: City Sanitarium 9
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 187
(If outside city or town limits, write "RURAL")

(d) Street No. 621 So. Boyle Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A. No Attending Physician

3. (a) PRINT FULL NAME Louis F. Gangel (CANGL)

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male ( )

5. Color or race White

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

6. (b) Name of husband or wife Elizabeth Gangel

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Feb. (Month) 7th (Day) 1883 (Year)

8. AGE: Years	Months	Days	If less than one day
58	6	14	hr. min.

9. Birthplace (City, town, or county) Austria Hungary (State or foreign country)

10. Usual occupation Structural Steel Worker

11. Industry or business Unemployed

FATHER
12. Name Joseph Gangel
13. Birthplace (City, town, or county) Austria Hungary (State or foreign country)

MOTHER
14. Maiden name Catherine Kreisbach
15. Birthplace (City, town, or county) Austria Hungary (State or foreign country)

16. (a) Informant Elizabeth Gangel
(b) Address 621 So. Boyle Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-25-41 (Month) (Day) (Year)
(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) AUG 22 1941 (Date received local registrar) (b) M Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 21st year 1941 hour 10:40 minute A.M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Subdural Hematoma
Arteriosclerosis as a result of
Due to Time Cause Place
Marked Child not be
Due to Determined

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 186 a
Of autopsy 38

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) Open Verdict
(b) Date of occurrence 21 aug 1941
(c) Where did injury occur? St Louis (City or town) 000 (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? City Sanitarium (Specify type of place)
While at work? (e) Means of injury

23. Signature Thomas F Allen (M. D. or other)
Address Deputy Coroner Date signed 8/22/41

(Licensed Embalmer's Statement on Reverse Side)

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.....

Registration District No..... Primary Registration District No..... Registrar's No.....

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

2. USUAL RESIDENCE OF DECEASED:
(a) State..... (b) County.....
(c) City or town.....
(If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) FULL NAME PRINT
3. (b) If veteran, name war..... 3. (c) Social Security No.....
4. Sex..... 5. Color or race..... 6. (a) Single, widowed, married, divorced.....
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... (Month) (Day) (Year)
8. AGE: Years | Months | Days | If less than one day ..... hr. ..... min.
9. Birthplace
(City, town, or county) (State or foreign country)
10. Usual occupation.....
11. Industry or business.....
12. Birthplace (State or foreign country) FATHER
13. Birthplace (State or foreign country) MOTHER
14. Maiden name.....
15. Birthplace (City, town, or county) (State or foreign country)
16. Address.....

20. DATE OF DEATH: Month..... day..... year..... hour..... minute..... M.
21. I hereby certify that I attended the deceased from..... 19..... to..... 19..... that I last saw it alive on..... 19..... and that death occurred on the date and hour stated above.
Immediate cause of death..... Duration
Due to.....
Due to.....
Other conditions.....
Major findings: (Any within 3 months of death)
Or 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? (Specify type of place)
23. Signature..... (M. D. or other)

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 Reinhold R. Abernathy Licensed Embalmer No. 3395
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, fact should be so stated above.

(Licensed Embalmer's Statement on Reverse Side)

S. No. 2
1—4-13-40
v. 5-17-39
1 X2119

WHITE BLANK—USE BLEEDING BLACK INK—MAKE A PERMANENT RECORD