

Registration District No. _____

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Anton Magel

3. (b) If veteran, name war No
3. (c) Social Security No. 493-10-7003

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

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

7. Birth date of deceased December 23, 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>9</u>	<u>23</u>	hr. _____ min. _____

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

10. Usual occupation Pattern Maker

11. Industry or business _____

12. Name Anton Magel

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

14. Maiden name Sarah Jane Ware

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

16. (a) Informant Mrs Elizabeth Magel

(b) Address 4239 Beck

17. (a) Burial (b) Date thereof 10/18/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Oscar J. Hoffmeister
(b) Address 4016 Chippewa

19. (a) OCT 17 1941 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4239 Beck
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16 year 1941 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from June 2, 1941 to Oct 16, 1941; that I last saw him alive on Oct 15, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of colon Duration 6 mo?

Due to _____

Due to _____

Other conditions No
(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma transverse colon
Of autopsy _____

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? _____

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

23. Signature H. W. Hesse M.D. (M. D. or other)
Address 2301 So. Kingshighway Date signed 10/17/41

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

MOTHER FATHER

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 *Ernest W. Spillers*

Licensed Embalmer No. *11080*

P. O. Address. *3247 Dunica*

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.