S. No. 2
DM—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 9 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 325

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 1013

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:
3827a Ashland Ave
(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: 000 17

(a) State Missouri (b) County

(c) City or town St. Louis 910
(If outside city or town limits, write "RURAL")

(d) Street No. 3827a Ashland Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Joseph A. Hanel

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race W 0

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Hannah Hanel

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

7. Birth date of deceased Nov. (Month) 26th. (Day) 1863 (Year)

8. AGE: Years 79 Months 2 Days 3 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Retired Tailor

11. Industry or business

FATHER
12. Name August Hanel
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Mathilda Schubert
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant M. F. Barth
(b) Address 3827a Ashland Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-1-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Provost Und. Co.
(b) Address 3710 N Grand

19. (a) FEB 1 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29th.
year 1-43 hour 7.30 minute P. M.

21. I hereby certify that I attended the deceased from Nov 20th 1943, to Jan 28th 1943;
that I last saw him alive on Jan 28 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Chronic Myocarditis
Acute Dilatation

Due to Prostatic Inflammation

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

23. Signature W. Jackson Miller (M. D. or other)
Address 3868 W Wilson Date signed 1/31/43

(Licensed Embalmer's Statement on Reverse Side)

W J Miller
3868a Ashland ave
ne 2277

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Bl

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.