

FILED JUN 4 1943 318

Registration District No.

Primary-Registration District No.

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

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St. John's Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. **5 1/2 Weeks**  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **Pettis**  
(c) City or town..... **Sedalia**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **508 Fifth Street.**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **John E. Jagels**

3. (b) If veteran, name war..... **None** 3. (c) Social Security No. **Unknown**

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

6. (b) Name of husband or wife **Jessie Jagels** 6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **December 12, 1879**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**63 5 3** hr. min.

9. Birthplace **Smithton Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Rail-road**

MOTHER FATHER { 12. Name **Herman Jagels**

13. Birthplace **Mora Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Catherine Morris**

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

16. (a) Informant **Mrs. Jessie Jagels**

(b) Address **Sedalia, Missouri**

17. (a) **Burial** (b) Date thereof **5/15/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sedalia, Missouri**

18. (a) Signature of funeral director. **Albert H. Hoppe, Inc**

(b) Address **4700 Washington Blvd.**

19. (a) **MAY 15 1943** (b) **J. P. Pusch**  
(Date received) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **15**  
year **1943** hour **5** minute **30** M.

21. I hereby certify that I attended the deceased from **Nov 2**  
**1943** to **May 15** 19**43**  
that I last saw him alive on **May 15** 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**Carcinoma Bladder 6 Mo**  
**Urinary Bladder**

Due to **52 yrs.**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of 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?

While at work? (Specify type of place) (2) Means of injury

23. Signature **Geo J. Bartels** (M. D. or other)

Address **2134 9th St** Date signed **May 16/43**

W/ST L ROTS

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *J. Allen Davis Jr*.....  
Licensed Embalmer No..... *4053*.....

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.**