

FILED DEC 3 1944

Registration District No. 317

Primary Registration District No. 4465

Registrar's No. 2394

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Rock Hill Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2449 Brenerton Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 years (Specify whether
In this community 16 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Rock Hill
(If outside city or town limits, write "RURAL")
(d) Street No. 2449 Brenerton Ave
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fred Kaegel

3. (b) If veteran, name was none 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sophie Gegel Kaegel 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased September 10 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>1</u>	<u>26</u>	hr. _____ min.

9. Birthplace Linzburg Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Plasterer

11. Industry or business _____

MOTHER FATHER { 12. Name Godfrey Kaegel
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Johanna Krueger
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Sophie G. Kaegel

(b) Address 2449 Brenerton Rock Hill, Mo.

17. (a) Removal (b) Date thereof 11/9/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marrissa, Ill.

18. (a) Signature of funeral director Mittelberg Fun. Home

(b) Address Webster Groves, (19) Mo.

19. (a) DEC 1 1944 (b) E. J. McLaughlin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6
year 1944 hour 8 minute A M.

21. I hereby certify that I attended the deceased from Nov. 3, 1944 to Nov 6, 1944;

that I last saw h. _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 2 days

Due to _____
Due to 94%

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 injury) While at work? _____ (c) Means of injury 3 Mrs

23. Signature E. J. McLaughlin (M. D. or other) _____
Address 822 1/2 Birchwood, Webster Groves, Mo. Date signed 11/9/44

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

16
14
0

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 John M. Meyer
Licensed Embalmer No. 3288
P. O. Address Wickwood (27) Ma

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.