S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 30 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18789

State File No. 5377

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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: 2351a S. 11th Street
(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 Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2351a S. 11th Street
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Willaim Happel
3. (b) If veteran, name war no
3. (c) Social Security No.
4. Sex Male D
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Happel
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Oct. 18, 1867 (Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 29 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri D (State or foreign country)
10. Usual occupation Retired
11. Industry or business
MOTHER FATHER
12. Name Hartman Happel
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)
14. Maiden name Don't Know
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Mrs. Minnie Happel
(b) Address 2351a S. 12th Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cemetery
18. (a) Signature of funeral director Weick Bros.
(b) Address 2201 S. Grand Bl.
19. (a) JUN 19 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17 year 1945 hour 2 minute 0 A. M.
21. I hereby certify that I attended the deceased from May 16, 1945, to June 16, 1945 that I last saw him alive on June 7, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardio-Renal Disease	2
Cardiac Decompensation	3 mos.
Due to	
Due to Arteio-Sclerosis	2
Other conditions — Senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature William H. Broeder (M. D. or other) MD
Address 1225 Sidney St. Date signed 6/19/45

(Licensed Embalmer's Statement on Reverse Side)

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 Harry A. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.