S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 7 1945

State File No. 35473

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10253

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: Christian Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 35 years
years, months or days)

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. 2211 College Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MINNIE KEGEL

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

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William J. Kegel
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Oct. 7, 1871 (Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 17 If less than one day hr. min.

9. Birthplace (City, town, or county) Illinois (State or foreign country)
10. Usual occupation At Home
11. Industry or business Housewife

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

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

16. (a) Informant William J. Kegel
(b) Address 2211 College Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/28/45 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery
18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 East Fair Avenue
19. (a) NOV 27 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov. day 24 year 1945 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from 2-7-40, 19, to 11-24, 1945; that I last saw her alive on 11-24, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Duration hr

Due to arteriosclerosis

Due to Senility

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

93

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 R. E. Morris M.D. (M. D. or other)
Address 4005 W. Florissant Date signed 11-26-45

(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 Gustav W Dietrich

Licensed Embalmer No. 4329

P. O. Address St. Louis, Mo

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.