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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7614
1582

FILED MAR 1 1946
Registration District No. 318

Primary Registration District No.

State File No.
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:
5932 South Kingshighway
(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)

3. (a) PRINT FULL NAME Pauline C. Kegel

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex female / 5. Color or race White

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

6. (b) Name of husband or wife William C/L

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

7. Birth date of deceased December 20, 1852
(Month) (Day) (Year)

8. AGE: Years 93 Months 10 Days 14
If less than one day hr. min.

9. Birthplace New York City New York
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business Housewife

12. Name John Woelfle

13. Birthplace Not known Not known
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Nettie Cook

(b) Address 5932 South Kingshighway

17. (a) burial (b) Date thereof 2/16/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem

18. (a) Signature of funeral director J L Ziegenhein & Sons

(b) Address 7027 Gravois

19. (a) FFB 16 1946 (b) J. T. Beedeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
(If outside city or town limits, write "RURAL")

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

(d) Street No. 5932 South Kingshighway
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14
year 1946 hour 4 minute A.M.

21. I hereby certify that I attended the deceased from
November 21 1945 to February 14 1946
that I last saw h. er alive on February 14 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Senility Duration

Due to

Due to

Other conditions. (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?

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

23. Signature Clay Allen (M. D. or other)

Address 5912 S. Kingshighway Date signed 2-15-46

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

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 7027 Yravo

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Ma
Registrar's No. 1582

Registration District No. 318 Primary Registration District No. 1003

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:

(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:

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

3. (a) PRINT FULL NAME Pauline C. Kegeel

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex 7 5. Color or race w 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive.....

7. Birth date of deceased Dec 20
(Month) (Day) (Year)

8. AGE: Years 93 Months 1 Days 19 (if less than one day) hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

17. (a) (Burial, cremation, or removal)..... (b) Date thereof..... (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) (Date received local registrar)..... (b) J. F. Brebeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14 year 1946 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... to....., 19.....; that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above. Immediate cause of death.....

Duration

Due to.....

Due to.....

Other conditions..... (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?.....

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

23. Signature..... (M. D. or other).....

Address..... Date signed.....

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

SUPPLEMENTARY

MAR 13 1946

7614