

S. No. 2
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X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
Dr. Ernest
U.S. GOVERNMENT PRINTING OFFICE: 1946
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 266-59
Registrar's No. 799

Registration District No. 17 Primary Registration District No. 3016

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

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
602 Madison Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 7 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole 26
(c) City or town Jefferson City 5
(If outside city or town limits, write "RURAL")
(d) Street No. 602 Madison Street 4
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME John Ernst Tuegel
3. (b) If veteran, name war _____ 3. (c) Social Security No. none
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased February 23 1858
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month 8 day 25
year 1946 hour 2 minute 15 A.M.
21. I hereby certify that I attended the deceased from 8/16
2, 1946 to 8/25, 1946
that I last saw him alive on 8/23 / 1946, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
88 6 2 hr. _____ min.

Immediate cause of death
Pneumonia suppurative 3 days
Due to _____
Due to _____
Other conditions
(Include pregnancy within 3 months of death)

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Retired Salesman

PHYSICIAN
Major findings:
Of operations _____
Of autopsy 110
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Herman Tuegel 4
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Hanna Schomberg
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Paul H. Schomberg
(b) Address Jefferson City, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug-26-1946
(Month) (Day) (Year)

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?

(c) Place: burial or cremation St. Louis, Missouri
18. (a) Signature of funeral director John J. Jordan
(b) Address Jefferson City, Missouri
19. (a) 8-26-46 (Date received local registrar) (b) P. A. Davis MD (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature Paul H. Schomberg (M. D. or other) 0
Address Jefferson City, Mo. Date signed 8/26/46

RECEIVED
District Health Officer No. 9,
District File Number 8-46-223
Date Filed 8-29-46

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 Ormut S. Jones Jr.
Licensed Embalmer No. 4411
P. O. Address Lefferson Ct

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.