

FILED MAY 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13066

Registration District No. 119

Primary Registration District No. 4193

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Hermann
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
121 E. Third St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 79 years (Specify whether
In this community 79 years years, months or days)

3. (a) PRINT FULL NAME FRANK BIRKEL

3. (b) If veteran, --- name war --- 3. (c) Social Security None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Alvina Birkel 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased July 22 1867
(Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 12 If less than one day
hr. --- min. ---

9. Birthplace Hermann Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business ---

12. Name Frank Birkel

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

14. Maiden name Elizabeth Baumgaertner

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

16. (a) Informant Oliver Birkel

(b) Address Hermann, Mo

17. (a) Burial (b) Date thereof 4-7-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hermann City Cemetery

18. (a) Signature of funeral director Hermann Mo

(b) Address Hermann Mo

19. (a) 4/7/47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
(c) City or town Hermann
(If outside city or town limits, write "RURAL")
(d) Street No. 121 E. Third St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 5
year 1947 hour 9 minute 10 M.

21. I hereby certify that I attended the deceased from 4-5- 1947 to 4-5- 1947
that I last saw him alive on 4-5- 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration ---

Due to ---

Due to ---

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations 94A

Of autopsy [Signature] 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 0

23. Signature Howard Workman (M. D. or other) 0

Address Hermann Mo Date signed 4-6-47

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 5-7-47

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 Chas. M. Pope
Licensed Embalmer No. 2557
P. O. Address Hermann, 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.