

FILED MAY 1 1947 318

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH 1003

State File No. 14974  
Registrar's No. 4144

Registration District No. \_\_\_\_\_ Primary Registration District 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: 3338 So. Compton  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 66 years \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 167

(d) Street No. 3338 So. Compton  
(If rural, give location) 90

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM DANGEL

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

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

6. (b) Name of husband or wife Mrs. Emma Hoffmann 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased June 7, 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

80	10	12	hr. _____ min. _____
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9. Birthplace Unter Lenigen, Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Maintenance Man

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Jacob Dangel

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

{ 14. Maiden name Margaret Butzler

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

16. (a) Informant Mrs. Emma Dangel

(b) Address 3338 South Compton

17. (a) Burial (b) Date thereof April 23, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Beiderwieden F. H., Inc.

(b) Address 1936 St. Louis Avenue

19. (a) APR 23 1947 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19th  
year 1947 hour 9 minute 58 P.M.

21. I hereby certify that I attended the deceased from October 19, 1946 to April 19, 1947  
that I last saw him alive on April 19, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate with metastases Duration 1 1/2 yrs.

Due to Congestive heart failure

Due to \_\_\_\_\_

Other conditions 51  
(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 Victor H. Bunker (M. D. or other) Just  
Address 3105 So. Grandin Date signed Apr 20, 1947

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 Delis J. Krupin  
Licensed Embalmer No. 3497  
P. O. Address 1936 St. Louis Ave

**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.**