

FILED MAY 8 1947
377

Primary Registration District No. 3064

Registrar's No. 978

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

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town FERGUSON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: HALLS FERRY MEMORIAL HOME 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 YRS.
In this community 75 YRS. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS 96
(c) City or town ST. LOUIS FERGUSON 1
(If outside city or town limits, write "RURAL")
(d) Street No. HALLS FERRY & KAPPEL 2
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

MINNIE YOGEL

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife ADAM YOGEL 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MARCH 2 1872
(Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 27 If less than one day hr. _____ min. _____

9. Birthplace UNK. GERMANY
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name HENRY KAMPSCHMIDT 4

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

14. Maiden name UNKNOWN

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

16. (a) Informant ELMER YOGEL

(b) Address 4243 GROVE

17. (a) BURIAL (b) Date thereof 5-2-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Burial or cremation ST. PAUL CHURCHYARD

18. (a) Signature of funeral director SUEDMEYER & SONS

(b) Address 3934 N. 20TH ST.

19. (a) 5-5-47 (b) Bevila Stapf
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 29TH year 1947 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from April 21, 1947, to April 29, 1947 that I last saw him alive on April 29, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration _____

Due to Chronic Arthritis
5 years duration

Due to _____
Other conditions 936
(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 0

23. Signature M. Schauer (M. D. or other) _____
Address 2739 N. Grand Date signed 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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed A. A. Smither

Licensed Embalmer No. 3916

P. O. Address 3934 N. 20 St

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.