

No. 2  
 00M-5-43  
 ev. 5-17-39  
 X36671

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

36707

FILED OCT 20 1947  
 377

State File No. \_\_\_\_\_  
 Registrar's No. 2129

Registration District No. \_\_\_\_\_ Primary Registration District No. 6076

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town Bel-Nor  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
8411 Roanoke Dr. /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County St. Louis  
 (c) City or town Bel-Nor  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 8411 Roanoke Dr.  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME August C. Sergel  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Oct. day 7th  
 year 1947 hour 11:15 minute \_\_\_\_\_ P. M.

4. Sex male 5. Color or race white  
 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife Anna R. Sergel  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased August 1, 1860  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May, 1947, to Oct 7, 1947  
 that I last saw him alive on Oct 7, 1947  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>2</u>	<u>6</u>	hr. _____ min. _____

Immediate cause of death Abdominal Carcinomatosis + Bowel obstruction  
 Due to Ce Recto sigmoid.  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

Duration 4 days 2 yrs.  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

10. Usual occupation Engineer  
 11. Industry or business retired  
 12. Name Charles Sergel  
 13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
 14. Maiden name Louisa Unknown  
 15. Birthplace Germany  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

16. (a) Informant Mr. Robert W. Sergel  
 (b) Address 4719 Farlin Ave.  
 17. (a) burial (b) Date thereof 10/10/47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Friedens Cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director Drehmann-Harral  
 (b) Address 1905 Union Blvd.  
 19. (a) 10-11-47 (b) Carola Johnson  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury \_\_\_\_\_  
 23. Signature Dr. C. N. Lindeman (M. D. or other) MD  
 Address 4126 E Street Date signed 10/8/47

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

MOTHER FATHER

DEC 17 1947

Dr. Carl Lindeman  
4126a Shreve

**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..... *Albert P. Thompson Jr*  
Licensed Embalmer No. *4237*  
P. O. Address..... *St Louis*

**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.**