S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 15 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39863
11061
Registrar's No.

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1017 Art Hill Place.,
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Alfred Franz Kugel
3. (b) If veteran, name war None
3. (c) Social Security No. 287-10-1180
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Grace Kugel
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased March (Month) 19 (Day) 1903 (Year)

8. AGE: Years 44 Months 8 Days 11 If less than one day hr. min.

9. Birthplace New Haven (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Vice-President
11. Industry or business Hard Board Fabricators

MOTHER FATHER
12. Name Jacob Kugel
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name Lena Alberswerth
15. Birthplace New Haven (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Grace Kugel
(b) Address 1017 Art Hill Place.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/3/47. (Month) (Day) (Year)
(c) Place: burial or cremation New Haven, Missouri
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.,
19. (a) DEC 2 - 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30
year 1947 hour 10 minute 45 P. M.
21. I hereby certify that I attended the deceased from November 17, 1947, to November 30, 1947; that I last saw him alive on November 30, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Infarction	(?)
Due to: Coronary Sclerosis	4 yr.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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

23. Signature G. R. Shreffler (M. D.)
Address 634 N. Grand St. Louis 3, Mo. signed 12-1-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 G W Wilkinson

Licensed Embalmer No. 3575

P. O. Address .....

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.