

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **35675**
Registrar's No. **9001**

FILED NOV 16 1956

318 — **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE		b. COUNTY		
b. CITY OR TOWN St. Louis,		c. CITY OR TOWN St. Louis,		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) 4536a Virginia Ave.,				
d. FULL NAME OF HOSPITAL OR INSTITUTION 4536a Virginia Ave.,		f. 1590 4536a Virginia Ave.,				
3. NAME OF DECEASED (Type or Print) Mimie		a. (First)		b. (Middle)		
c. (Last) Igel,		4. DATE OF DEATH (Month) (Day) (Year) September 30, 1956				
5. SEX Female,	6. COLOR OR RACE White,	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed,	8. DATE OF BIRTH August 26, 1871	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home,		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Germany,		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Christ Hasselbach,		13b. MOTHER'S MAIDEN NAME Charlotte Deibel,		
14. NAME OF HUSBAND OR WIFE John Igel, deceased.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		
17. INFORMANT'S SIGNATURE OR NAME Louis G. Zinser,		ADDRESS 4536a Virginia Ave.,				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CHF 420:1			INTERVAL BETWEEN ONSET AND DEATH Sept. 1, 1949	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) As		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 1		
22. I hereby certify that I attended the deceased from Oct 4, 1956 , to Sept 24, 1956 that I last saw the deceased alive on 9-24-56 , and that death occurred at 5:30A. m. , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) Michael J. Hans MD		23b. ADDRESS 4536a Ave		23c. DATE SIGNED 10/1-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal,		24b. DATE 10/3/56		24c. NAME OF CEMETERY OR CREMATORY Green Mount Cemetery,		
24d. LOCATION (City, town, or county) (State) Belleville, Illinois,		25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary,				
DATE REC'D BY LOCAL REG. OCT 2 1956		REGISTRAR'S SIGNATURE Carl Smith MD		ADDRESS 2842 Meramec St., St. Louis, 18, Mo.		

WRITE PLAINLY—USING 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 MA, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No..... 4249

P. O. Address .. 2842 Meramec S
St. Louis, 18

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.