RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ILED VS JUN 20 1960 DED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1736

-60-025381
STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Spanish Lake — Length of stay in 1b years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 12,800 Riverview Drive — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Spanish Lake — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 12,800 Riverview Drive — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First August Middle J Last Digel
August J. De Geal

4. DATE OF DEATH Month June Day 1 Year 1960

5. SEX male
6. COLOR OR RACE white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 10-10-1884
9. AGE (last birthday) 75
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Self-employed
11. BIRTHPLACE (City and state or country) Columbia Bottoms, Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME August Digel
13b. MOTHER'S MAIDEN NAME Wilhelmina Lambrecht
14. NAME OF HUSBAND OR WIFE Never Married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 497-44-0241
17. INFORMANT Address Mrs. Walter Dieckmann, 1455 E. De Soto Av

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Anoxia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardiac decompensation
DUE TO (c) Myocardial Insufficiency
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
arteriosclerosis obliterans

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

BY AFFIDAVIT OF DOCUMENT

21. I attended the deceased from Nov 1954 to 6/1/60 and last saw him alive on 5/28/60
Death occurred at 1:37 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) A Wilkson DO
22b. ADDRESS 2359 Chambers Rd
22c. DATE SIGNED 6/2/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE June 3, 1960
23c. NAME OF CEMETERY OR CREMATORY Salem Lutheran Cemetery
23d. LOCATION (City, town, or county) (State) Black Jack, Missouri

24. FUNERAL DIRECTOR Math Hermann & Son, Inc.
ADDRESS 2161 E. Fair Av
25. DATE RECD. BY LOCAL REG. 6-2-60
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.