

RECD APR 12 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8674
Do not use this space.

Registered No. 2439

1. PLACE OF DEATH

(a) County..... 2 Registration District No.....
(b) Township..... 1 Primary Registration District No.....
(c) City..... St. Louis (d) Street No. 3925 Winnebago St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Albert F. Pagels

(a) Residence, No. 3925 Winnebago St. 16 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Pagels		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25, 1874		
7. AGE YEARS 64	MONTHS 9	DAYS 19 If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stationery Fir	
	9. Industry or business in which work was done, as saw mill, bank, etc. for Hyde Park	
	10. Date deceased last worked at this occupation (month and year) 1924 years spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN) Bloomington, Ill. (STATE OR COUNTRY)

FATHER	13. NAME Unknown 1
	14. BIRTHPLACE (CITY OR TOWN) Unknown 9 (STATE OR COUNTRY)
MOTHER	15. MAIDEN NAME Unknown 9
	16. BIRTHPLACE (CITY OR TOWN) Unknown 9 (STATE OR COUNTRY)

17. INFORMANT Margaret Pagels (ADDRESS) 3925 Winnebago

18. BURIAL, CREMATION, OR REMOVAL PLACE Vahalla Crem. DATE Mar. 16, 1939

19. FUNERAL DIRECTOR (NAME) Wacker-Helderle (ADDRESS) 2331 S. Broadway

20. FILED J.D. Brudick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-7-1936, 19, to 3-14-39, 1939

I last saw him alive on 3-14, 1939. Death is said to have occurred on the date stated above, at 1:50 a.m. The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage eman Date of onset 2/17/39

Other contributory causes of importance Carcinoma of Rectum

Name of operation Colectomy and removal part of rectum Date of 5-9-38
What test confirmed diagnosis Pathological Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19... Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify (Signed) E. B. Simpson, M. D. (Address) 3739 Grand ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Robert Wheeler

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Robert Wheeler

Licensed Embalmer No.....

2178

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, above space should be left blank.