

FILED AUG 12 1943  
Registration District No. 318

Primary Registration District No. 407

Registrar's No. 6987

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(b) City or town (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4346 Frieda Ave. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether  
In this community 40 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 172  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4346 Frieda Ave.  
(If rural, give location)  
(e) Citizen of foreign country? -- (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Felix A. Gadell

3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Stella Gadell 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased September 11, 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 10 20 hr. min.

9. Birthplace River-Aux Bases, Mo. D  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

MOTHER FATHER  
11. Industry or business  
12. Name Geo. Gadell  
13. Birthplace Unknown 17  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown 9  
15. Birthplace Unknown 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Stella Gadell  
(b) Address 4346 Frieda Ave.

17. (a) Burial (b) Date thereof 8 3 43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Parker-Heldrich Nat. Co.  
(b) Address 3634 Gravois Ave.

19. (a) AUG 2 1943 (b) J. F. Brudek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31  
year 1943 hour 1 minute 25 A.M.

21. I hereby certify that I attended the deceased from March 3, 1943 to July 31, 1943  
that I last saw him alive on July 31, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Arterio Sclerosis  
Duration 5 yrs  
Due to Cerebral Embolism  
Due to

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy  
PHYSICIAN  
Underline the cause to 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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Adam G. Springman M.D.  
Address 5439 Gravois Date signed 7/21/43

WRITE PLAINLY—USE 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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Robert Cochran* .....  
Licensed Embalmer No..... *2128* .....  
P. O. Address..... *St Louis mo.* .....

**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.**