

PERMANENT RECORD

22 1928

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

Do not use this space.

29741

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph, Missouri Methodist, Hospital

File No.

Registered No. 1049

St. Ward)

2. FULL NAME William J. Marschel,

(a) Residence, No. 220 W. Robine, St. Ward.

(Usual place of abode) Length of residence in city or town where death occurred 25 yrs. 11 mos. 1 da. How long in U.S., if of foreign birth? yrs. mos. da.

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

Beulah Marschel,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 1, 1902

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
25	11	1	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Foreman

(b) General nature of industry, business, or establishment in Bottling Works which employed (or employer)

(c) Name of employer L. Fuelling & Sons,

9. BIRTHPLACE (CITY OR TOWN) Saint Joseph, Missouri, (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Joseph H. Marschel,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis, Missouri, (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Louise Von Fintel,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis, Missouri, (STATE OR COUNTRY)

14. INFORMANT Mrs. H. J. Marschel
220 West Robine, Street

15. FILED 3 1928 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 7 1928

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at 1:38 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

109A Acute Pericarditis
Pneumonia (duration) yrs. mos. 28 ds.

CONTRIBUTORY Pneumonia (SECONDARY)

(duration) yrs. mos. 15 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. at home

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Findings

(Signed) Dr. W. C. Bledsoe, M. D.

Sept 3, 1928 (Address) 301 B S Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Ashland Cemetery

Sept. 4th 1928

20. UNDERTAKER

ADDRESS

Heaton, Bittel & Bauman

319 S. 10 St.

W. H. Kader Funeral Home

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.

1950 - 1951