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

Do not use this space.

35320

File No. 10698

Registered No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City St. Louis Mo (No. 1417 Bird Ave St. Ward)

2. FULL NAME Mrs. Louise Schnell

(a) Residence. No. 1417 Bird Ave St., 6 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles F. Schnell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 23-1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	71	10	27	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife 13

(b) General nature of industry, business, or establishment in which employed (or employer) 9

(c) Name of employer 97

9. BIRTHPLACE (CITY OR TOWN) Warrenton
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Joseph Stuck

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT R. L. Schnell
(Address) 5824 Argonne

15. FILED OCT 22 1928, 19 Max C. Starkoff REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 20 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr 18 1928, to Oct 20 1928, that I last saw h. alive on Oct 19 1928, and that death occurred, on the date stated above, at 7.30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Arteriosclerosis
Chronic Interstitial Nephritis
1 Chr. Myocarditis
3E (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

O DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings

(Signed) Thomas O. Taylor, M. D

, 19 (Address) 3129 N Grand

*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 Calvary Cemetery — DATE OF BURIAL 10-22 1928

20. UNDERTAKER Bauman Bros Und — ADDRESS Overland Mo

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.