

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

Do not use this space.

6347

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 50133

City St. Louis

(No. De Paul Hospital)

File No. ....

Registered No. 1379

St. ....

Ward) .....

**2. FULL NAME**

Mary J. Garrell

(a) Residence. No. 2958 Thomas St., 21 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 26 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Female

**4. COLOR OR RACE**

white

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

single

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Feb 14 - 1858

**7. AGE**

YEARS 73

MONTHS 11

DAYS 26

IF LESS than 1 day, ..... hrs. or ..... min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 15 yrs.

(c) Name of employer St. Louis Public School

**9. BIRTHPLACE (CITY OR TOWN)**

St. Louis

(STATE OR COUNTRY)

Missouri

**10. NAME OF FATHER**

Christian Garrell

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

Essen

(STATE OR COUNTRY)

Germany

**12. MAIDEN NAME OF MOTHER**

Baroline Sichel

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

Waltherried

(STATE OR COUNTRY)

Germany

**14.**

INFORMANT

(Address)

Julius C. Garrell  
725 Bradley Ave. Webster Groves

**15.**

FILED

11 1932

Max L. Starkey  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

July 10 1932

**17.**

I HEREBY CERTIFY, That I attended deceased from Jan 12 1932 to July 10 1932 that I last saw h. a. alive on July 10 am, 1932, and that death occurred, on the date stated above, at 10 am.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Of Heart Block  
Chronic Interstitial Nephritis  
= Chronic Myocardia

**CONTRIBUTORY (SECONDARY)**

Antenatal

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH.....

DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DEATH.....

(Signed) W. H. Ford

M. D.

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

Oak Hill

Feb 12 1932

**20. UNDERTAKER**

ADDRESS

Parker and Co

Webster Groves

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.

