

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

Do not use this space.

9760

1. PLACE OF DEATH  
 92 County St. Charles Registration District No. 757  
 4 Township St. Charles Primary Registration District No. 3036  
 8 City St. Charles (No. 924, 84th St.) St. 1 Ward)

2. FULL NAME Johanna Radell  
 (a) Residence, No. 125 1/2 St. St. 2 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Radell  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3, 1855  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
76 11 29  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri  
 FATHER  
 13. NAME Fred Mueller  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10  
 MOTHER  
 15. MAIDEN NAME Johanna Bode  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 17. INFORMANT H. J. Thielke  
 (ADDRESS) St. Charles, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Ev. Lutheran Cem. DATE March 6, 1932  
 19. UNDERTAKER Steinbrinker Fun. Co.  
 (ADDRESS) St. Charles, Mo.  
 20. FILED 3/4 19 37 St. Charles, Mo.  
H. J. Bloebaum  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2, 1932  
 22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1931, to March 2, 1932  
 I last saw him alive on March 1, 1932 Death is said to have occurred on the date stated above, at 7:10 P. M.  
 The principal cause of death and related causes of importance were as follows:  
Coronary Sclerosis Date of onset ?  
46C  
46C  
 Other contributory causes of importance:  
(D)  
 Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....  
 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.....  
 24. Was disease or injury in any way related to occupation of deceased?.....  
 If so, specify.....  
 (Signed) J. J. Thielke, M. D.  
 (Address) St. Charles, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APR 29 1932

MAR 29 1932 RESERVED FOR BIRDS

V.S. NO. 2.

