

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

Do not use this space.

9969

1. PLACE OF DEATH  
 County St. Louis Registration District No. 790  
 Township Central Primary Registration District No. 6033  
 City Clayton (St. Louis Co. St. Louis) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Josephine Schuell  
 (a) Residence, No. 2111 Crescent St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 13 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 (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Christopher J Schuell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8 - 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
73 10 19

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home  
 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

MOTHER  
 13. NAME Josephine Schuell  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER  
 17. INFORMANT Christopher Schuell  
 (ADDRESS) 2111 Crescent St  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Old St. Marcus DATE Mar 30, 1932  
 19. UNDERTAKER (ADDRESS) John J. Weidemann  
6223 Mason  
 20. FILED Mar 30, 1932 K. W. Sullivan  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h..... alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 5:15 a.m.

The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis  
936  
570  
91  
930

Other contributory causes of importance:  
Atherosclerosis  
Angioplegia  
5

(Name of operation) \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Medical history Was there an autopsy? No.

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? No.  
 If so, specify \_\_\_\_\_  
 (Signed) John J. Schuell, M. D.  
 (Address) Practitioner of St. Louis

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 27 1932

