

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. *1301*
Township..... Primary Registration District No. *1301*
City *St. Louis* (No. *5336*, *Magnolia Ave* St. Ward)

File No. *14295*
Registered No. *3631*

2. FULL NAME

Marie Schuelli
(a) Residence, No. *5336 Magnolia* St. *13* Ward.
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widow</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Late Fred Schuelli</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Jan 7, 1851</i>		
7. AGE	YEARS <i>81</i>	MONTHS <i>3</i>
	DAYS <i>6</i>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>	
	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.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4-13*, 19*32*
22. I HEREBY CERTIFY, That I attended deceased from *April 10*, 19*32*, to *Apr 17*, 19*32*
I last saw her alive on *Apr 13*, 19*32* Death is said to have occurred on the date stated above, at *3 A* m.
The principal cause of death and related causes of importance were as follows:

Lobar-pneumonia
Date of onset *4/10/32*
108 / 108
Other contributory causes of importance: *(1)*

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? *no*
If so, specify.....
(Signed) *M. G. Houghlin*, M. D.
(Address) *1204 Tamm Ave*

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany 10</i>
	13. NAME <i>Henry Vonder Ohl</i>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>
FATHER	15. MAIDEN NAME <i>Caroline Probst</i>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>
	17. INFORMANT <i>Henry Schuelli</i> (ADDRESS) <i>5336 Magnolia Ave</i>
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>New Palters</i> DATE <i>4-16</i> , 19 <i>32</i>	
19. UNDERTAKER <i>Kriegshauer Mortuaries</i> (ADDRESS) <i>4228 So. Kingshighway</i>	
20. FILED <i>APR 14 1932 Max Standley</i> Registrar.	

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.

