

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

Do not use this space.

20998

**1. PLACE OF DEATH**

County..... Registration District No. 10003  
Township..... Primary Registration District No. ....  
City St. Louis (No. 1602, N. Euclid)

File No. ....  
Registered No. 5499  
St. .... Ward)

**2. FULL NAME**

Frank A. Okell  
(a) Residence, No. 1602 N. Euclid St., 6 Ward.

(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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mittie Okell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unk</u>		
7. AGE <u>abt 68</u>	YEARS	MONTHS
		DAYS
		If LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Ret. Merchant</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>General</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Unk</u>	
11. Total time (years) spent in this occupation <u>Unk</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fort Madison Iowa</u>		
FATHER	13. NAME <u>Peter Okell</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unk</u>	
MOTHER	15. MAIDEN NAME <u>Martha Adler</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unk</u>	
17. INFORMANT <u>daughter Ted Mays</u> (ADDRESS) <u>1602 North Euclid</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fort Madison Iowa</u> DATE <u>6-11-32</u>		
19. UNDERTAKER <u>M.H. Marshall Undertaking Co</u> (ADDRESS) <u>604 1/2 Union</u> <u>City 10 1932</u>		
20. FILED <u>19</u> <u>Wm C Parker</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-9-1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 29 to 6-9-1932

I last saw him alive on 6-9-1932 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:

Cor. Myocarditis Date of onset 1929  
Left Hemiplegia 1931  
Apoplectic 50  
93009

Other contributory causes of importance:  
Diabetes Mellitus (D)

Name of operation None Date of Unk

(What test confirmed diagnosis) Physician 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 E.L. Lonsche, M. D.  
(Signed) E.L. Lonsche  
(Address) 4885 Natural Bridge

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

MARGAN RESERVED FOR BINDING

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.

V. 5-NO. 2.

