

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

Do not use this space.

37682

1. PLACE OF DEATH

County..... Registration District No. *F/D*
Township..... Primary Registration District No. *1000*
City *St. Louis* (No. *2851*) *Gravois*

File No.....
Registered No. *10375*
St. Ward)

2. FULL NAME

Mary Okel
(a) Residence, No. *2851* *Gravois* St., *24* 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 *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 *Julius Okel*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct. 18 1869*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<i>63</i>	<i>1</i>	<i>3</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at home*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *235*

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) *Germany* *11*

13. NAME *Phillip Habendehl*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT (ADDRESS) *Julius Okel*
2851 Gravois Av.

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Matthews* DATE *11-24* *1932*

19. UNDERTAKER (ADDRESS) *Witt Bros. & Co.*
2929 S. Jefferson Av.

20. FILED *NOV 23 1932* *19* *St. Louis*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 21* 19*32*

22. I HEREBY CERTIFY That I attended deceased from *Aug 1* 19*32* to *Nov 20* 19*32*
I last saw *her* alive on *11/20* 19*32* Death is said to have occurred on the date stated above, at *9:30* p.m.

The principal cause of death and related causes of importance were as follows:
about August 1932
Cholera of the stomach
118
Cataract
Other contributory causes of importance:
Heart failure
H.R.C.

Name of operation..... Date of.....
What test confirmed diagnosis? *water test* Where 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) *Dr. A. G. Joyce* M. D.
(Address) *4421 1/2 Manchester Ave*

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.

