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

Do not use this space.

79
1003

41749

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 10826

City St Louis (No. ~~[illegible]~~ De Paul Hospital St. ..... Ward)

2. FULL NAME Charles Magel

(a) Residence, No. 5410 Grace Ave St., 15 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Dina Magel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 30 1867

7. AGE: YEARS 64 | MONTHS 11 | DAYS 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Newspaper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Dealer
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 10

FATHER
13. NAME: Casper Magel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Dina Magel, 5410 Grace Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Sunset DATE: Dec 8 1932

19. UNDERTAKER (ADDRESS): Wacker-Helderle, 2331 S Broadway

20. FILED DEC -7 1932 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-29 - 32, to 12-5-32, 1932

I last saw him alive on 12-5-32, 1932. Death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	
Acute Cholecystitis	
Gall Stones	

Other contributory causes of importance:
Chronic Myocarditis
Terminal Bronchopneumonia

Name of operation: Cholecystectomy Date of 11-29-32

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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 W Thompson, M. D.
(Address) 3201 Westminster

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

MARGIN 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. S. No. 2