

APR 9 1937

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. **791**  
Township..... Primary Registration District No. **1003**  
City St. Louis (No. 5441 Robert Avenue)..... St. 2 Ward 10558  
Registered No. 3132

2. FULL NAME Albert Marschel

(a) Residence, No. 5441 Robert Ave. St. 2 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Magdalena Marschel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
82 8 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired teamster  
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.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Missouri

13. NAME Frank Marschel

14. BIRTHPLACE (CITY OR TOWN) France  
(STATE OR COUNTRY)

15. MAIDEN NAME Maria Thomas

16. BIRTHPLACE (CITY OR TOWN) France  
(STATE OR COUNTRY)

17. INFORMANT C. Albert Marschel  
(ADDRESS) 3857 Utah Place

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul Chyd. DATE 3/22/37 19.....

19. UNDERTAKER John L. Ziegenhein & Sons  
(ADDRESS) 7027 Gravois Ave.

20. FILED MAR 22 1937 J. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Jan 27, 1937, to March 20, 1937

I last saw h. l. m. alive on March 13, 1937. Death is said

to have occurred on the date stated above, at 1:20 A.M.

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

Chronic myocarditis 1934

Chronic colitis 1936

Other contributory causes of importance:  
Chronic colitis 1936

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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) Andrew Jungman M. D.

(Address) 4002 Gravois St. Louis

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.

1000-1-1937

