

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

Do not use this space.

SEP 10 1937

1. PLACE OF DEATH

County.....
Township.....
City **St. Louis.**

2
1
(No.

Registration District No.....
Primary Registration District No.....
4651 Louisiana Ave.

791
1003

File No.....
Registered No. **28919**
7552
St. Ward)

2. FULL NAME **Mary R. Schnell**

(a) Residence, No. **4651 Louisiana Ave.,** **15** 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 **Charles Schnell**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 5, 1865.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
35 72m 7 2

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.

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.**

13. NAME **Don't Know**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Don't Know**

15. MAIDEN NAME **Don't Know**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Don't Know**

17. INFORMANT **Charles Schnell**
(ADDRESS) **4651 Louisiana Ave.**

18. BURIAL, CREMATION, OR REMOVAL **New SS. Peter and Paul** DATE **Aug. 11, 1937**

19. UNDERTAKER **J. H. Hubbert and Co.**
(ADDRESS) **2842 Meramec St.**

20. FILED **AUG 10 1937**
J. T. Predeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 7** 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **Jan** 19**37**, to **Aug 6** 19**37**.
I last saw her alive on **Aug 6** 19**37** Death is said to have occurred on the date stated above, at **8:00** p.m.

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

Degenerative heart disease Date of onset ?
Coronary artery disease ?

Other contributory causes of importance:
Auricular fibrillation ?

Name of operation **Phys Exam** Date of
What test confirmed diagnosis? **EKG** 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) **Jabrain J. Burke** M. D.
(Address) **640 S. Morganford**

WHITE PLAIN, WITH UNPADING 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.

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31
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