

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

Do not use this space.

8330

**1. PLACE OF DEATH**

County Polk  
Township St. Louis  
City St. Louis

Registration District No. 8330  
Primary Registration District No. 1320

File No. \_\_\_\_\_  
Registered No. 8330  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. 1320 Tremont St. 12 Ward \_\_\_\_\_

(Usual place of abode)

(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>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (or) WIFE OF <u>Della V. Schell</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 8 - 1867</u>		
7. AGE YEARS <u>64</u>	MONTHS <u>7</u>	DAYS <u>24</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>cleaner 135</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>grocery store</u> (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Mich. 2

10. NAME OF FATHER  
Joseph Schell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)  
Germany 10

12. MAIDEN NAME OF MOTHER  
Mary Bodley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)  
Germany

14. INFORMANT (Address)  
Mrs. Della V. Schell  
1320 Tremont

15. FILED 3/3 1932 BY M. M. Corove REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 2 1932

17. I HEREBY CERTIFY, That I attended deceased from Feb. 28 1932 to March 2 1932 that I last saw him alive on March 2 1932 and that death occurred, on the date stated above, at 12 noon

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

apoplexy  
82A (duration) yrs. mos. ds. 4

CONTRIBUTORY (SECONDARY) 82A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no (1)

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_

(Signed) James O. Brown M. D.

(Address) 1524 E. 15th St. St. Louis, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL  
Ednwood

DATE OF BURIAL  
Mar 4 1932

20. UNDERTAKER  
Robert Talb. Mason

ADDRESS  
1715

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.

die "König"