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.

I X12004

REC'D APR 12 1939

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

8617

Do not use this space.

2382

1. PLACE OF DEATH
(a) County St. Louis Mo Registration District No.
(b) Township Primary Registration District No. Registered No.
(c) City (d) Street No. Central Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 324 Anna Hetzel
(a) Residence, No. 5640 Wabada St. 6
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Thomas Hetzel
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 18 1879
7. AGE YEARS 59 MONTHS 11 DAYS 23 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
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) Missouri

FATHER
13. NAME John Viering
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Mary Phillips
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Albert Hetzel 5638 Hebert
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE 3-15-39
19. FUNERAL DIRECTOR (ADDRESS) Sullivan Und Co 2849 No Euclid
20. FILED MAR 13 1939 J. D. Bridack Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-11-1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1939, to 3-11, 1939
I last saw her alive on 3-11-, 1939. Death is said to have occurred on the date stated above, at 5:05P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic myocarditis | 2 |
| | 1 |

Other contributory causes of importance: Carcinoma of Bowel

Name of operation Date of
What test confirmed diagnosis? clinical 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) Dr. E. E. Tarley M. D.
(Address) 6623 Lillian

(Licensed Embalmer's Statement on Reverse Side)

[illegible] 6623 Lillian
A. Phys.

**STATEMENT BY LICENSED EMBALMER**

I, Albert Mayfield, Licensed Embalmer No. 3077

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Albert Mayfield

L. E.

No. ..... or by Henry Chas. Tunesi, Registered Apprentice No. 170

working under my personal supervision.

Signed Albert Mayfield

Licensed Embalmer No. 3077

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**