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

Do not use this space.

File No. 25952
Registered No. 7815

1. PLACE OF DEATH

County ..... Registration District No. .....
Township ..... Primary Registration District No. .....
City St. Louis (No. City Hospital St. ..... Ward)

2. FULL NAME Emma E. Hetzel

(a) Residence. No. 1807 Nebraska Ave St., 17 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Andrew Hetzel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 8, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	61	6	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife 2105
(b) General nature of industry, business, or establishment in which employed (or employer) At. Home 2011
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Indiana

PARENTS

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) "
12. MAIDEN NAME OF MOTHER "
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... "
(STATE OR COUNTRY)

14. INFORMANT Andrew Hetzel
(Address) 1807 Nebraska Ave

15. JUL 30 1928 Filed ....., 19.... Alan C. Stanley Registrar

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) July 27 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19...., that I last saw h..... alive on ....., 19...., and that death occurred, on the date stated above, at 3.23 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Shock & Injuries (Internal) Crushed by wheels of Motor. (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Was in St. Louis. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Accident

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF OPERATION? No

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

7/31/28, 19 (Signed) R. V. Dieu, M. D.
(Address) Carondelet

*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 Bellefontaine Cemetery — DATE OF BURIAL July 30 1928

20. UNDERTAKER A. W. McLaughlin. — ADDRESS 1631 Mo. Av

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.

THIS IS A PERMANENT RECORD