

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

Do not use this space.

29998

1. PLACE OF DEATH

County..... Registration District No. 781
 Township..... Primary Registration District No. 1002
 City St. Louis (No. City Hosp.)

File No.....
 Registered No. 9059
 St..... Ward.....

2. FULL NAME

Terry Letzel
 (a) Residence, No. Municipal Goddard Hospital St. Ward 25
 (Usual place of abode) 204 N. 14th St. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the ward) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>not known</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>not known</u>		
7. AGE <u>abt. 70</u>	YEARS	MONTHS
		DAYS
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>not known</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>unknown</u>	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 21st 1931
 22. I HEREBY CERTIFY, That I attended deceased from Aug. 14th 1931 to Aug. 21st 1931
 I last saw her alive on Aug. 21st 1931 Death is said to have occurred on the date stated above, at 12:20 A.M.
 The principal cause of death and related causes of importance were as follows:

chronic myocarditis
131
938
 Other contributory causes of importance:
 chronic nephritis

Date of onset

Name of operation 9/31 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?.....
 If so, specify.....
 (Signed) M. M. M. M. M., M. D.
 (Address) City Hospital

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Austria</u>
FATHER
13. NAME <u>not known</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>
MOTHER
15. MAIDEN NAME <u>not known</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>
17. INFORMANT (ADDRESS) <u>hospital information</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington</u> DATE <u>8-24-1931</u>
19. UNDERTAKER (ADDRESS) <u>Walter Richter</u> <u>3546 Rutger St.</u>
20. FILED <u>Aug 25 1931</u> <u>Max O. Stuber</u> Registrar

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.

MARGIN RESERVED FOR BINDING

V. NO. 2.

Litzel