

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

Do not use this space.

30856

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **4388, Chouteau Ave**) St. _____ Ward)

File No. **8569**

Registered No. _____

2. FULL NAME **Mary Hechtel**

(a) Residence, No. **4388 Chouteau Ave St.**, **18** Ward.

(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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>William Hechtel</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Dec 24, 1870</i>				
7. AGE	YEARS <i>61</i>	MONTHS <i>8</i>	DAYS <i>28</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>235</i>			
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) <i>St. Louis Mo</i>				
FATHER	13. NAME <i>Peter Simmers</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Hennigsh Germany 24</i>			
MOTHER	15. MAIDEN NAME <i>Elizabeth Kahriller</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany 16</i>			
17. INFORMANT (ADDRESS) <i>William Hechtel 4388 Chouteau Ave</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Memorial Park</i> DATE <i>9-26</i> 19 <i>32</i>				
19. UNDERTAKER (ADDRESS) <i>Wiegmanns Undertakers 410 1/2 Chouteau Ave</i>				
20. FILED <i>SEP 24 1932</i> 19 <i>Max C. Parker Registrar</i>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 22, 1932*

22. I HEREBY CERTIFY That I attended deceased from *July 1*, 19*32*, to *Sept 22*, 19*32*
 I last saw him alive on *Sept 21*, 19*32* Death is said to have occurred on the date stated above, at *4:30* p.m.

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

126
130
Acute Nephritis
126
Cholelithiasis *Sept 24, 32*

Other contributory causes of importance:

Name of operation *None* Date of _____

What test confirmed diagnosis? *X-ray* 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 *W. A. King* (Signed) _____ M. D.

(Address) *402 N. 2nd St. Bldg*

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.

12/11/11

12/11/11