

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

Do not use this space.

37044

1. PLACE OF DEATH

Country St. Louis

Registration District No. 1123

Township Carondelet

Primary Registration District No. 6248B

City Luxemburg, Mo.

(No. 4853 Heidelberg Ave.)

File No. _____

Registered No. 364

St. _____ Ward _____

2. FULL NAME Harry J. Hoeltzel

(a) Residence. No. 4853 Heidelberg Ave. St. _____ 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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Matilda Hoeltzel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 10 1894

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
Abt.	38	2	25	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Claph 253
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo
 (STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Harry Hoeltzel</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	12. MAIDEN NAME OF MOTHER <u>Mabel Rankin</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>

14. INFORMANT Mattie Hoeltzel
 (Address) St. Louis, Mo

15. FILED Nov 5 1932 L. C. Ebrack
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 4 1932

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 4:45 p. m. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Suicide by hanging.

CONTRIBUTORY (SECONDARY) 5
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED St. Louis, Mo
 IF NOT AT PLACE OF DEATH Luxemburg, Mo.

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS Physical signs.
 (Signed) John O'Connell M. D.

11/5 19 32 (Address) Coroner of St. Louis County, 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 Sunset Burial Park DATE OF BURIAL Nov 6 1932

20. UNDERTAKER Pendler Undertaking Co. ADDRESS 744 LeMay Ferry Road

Budenwieder U, 2610 Chiffura Str.

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

NOV 28 1932

