

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

Do not use this space.

7653

1. PLACE OF DEATH

County _____ Registration District No. 701
 Township _____ Primary Registration District No. 10018
 City St. Louis (No. 5240A, Banner of Ave) _____ St. _____ Ward _____

File No. _____
 Registered No. 1612
 _____ St. _____ Ward _____

2. FULL NAME

George L. Hettel
 (a) Residence, No. 5240A Banner of Ave St., 14 Ward. _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 37 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
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helen Hettel
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 7, 1873
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 1 7 _____
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Single Sewing Machine
 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) Marine Illinois

13. NAME Matthaeus Hettel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace Lorraine

15. MAIDEN NAME Josephine Wengel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baden Germany

17. INFORMANT Helen Hettel (ADDRESS) 5240A Banner of Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount St. Peter Paul DATE 2-17, 1933

19. UNDERTAKER The Schaefer Mortuaries (ADDRESS) 4228 N. Deschamps Ave

20. FILED Feb 16 1933 _____ Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-14, 1933
 22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1932 to Feb 14, 1933
 I last saw him alive on Feb 14, 1933. Death is said to have occurred on the date stated above, at 7:03 A. m.
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
Chronic interstitial nephritis
131
932
131
 Other contributory causes of importance: _____
 Date of onset 3-4 yrs

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) O. C. Pfeiffer, M. D.
 (Address) 4523S Kingshighway Ave

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 PEAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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