MAR 24 1934

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

Do not use this space.

File No. 7004

Registered No. 188

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. 4262 Kossuth Ave. St. ..... Ward)

2. FULL NAME Albert Henry Paetzeld.

(a) Residence, No. 4262 Kossuth Ave. St., 10 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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)
Male.	White.	Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eleanor Paetzel.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/8/1900.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	33	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tool & Dye Works.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Berry Weymueller.

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) St. Louis, Missouri.

FATHER

13. NAME Henry Gus Paetzel.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER

15. MAIDEN NAME Marie Wurst.

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

17. INFORMANT (ADDRESS) Mrs Eleanor Paetzel 4262 Kossuth Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valhalla. DATE 2/24/34. 19

19. UNDERTAKER (ADDRESS) The Provost Und Co 3710 N. Grand Blv'd.

20. FILED FEB 22 1934 J. S. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/21/34. 19

22. I HEREBY CERTIFY, That I attended deceased from 2/19, 1934, to 2/21, 1934

I last saw him alive on 2/21, 1934. Death is said to have occurred on the date stated above, at 10-30 m. P.M.

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

	Date of onset
Lobar Pneumonia	2/19/34
104 92 A 95 E	
108	
Other contributory causes of importance: Acute Cardiac Dilatation (Chronic Endocarditis)	2/21/34

Name of operation none Date of .....

What test confirmed diagnosis? Symptoms Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? none Date of injury ....., 19....

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Chas P. Martin, M. D.

(Address) 3903 Lee Ave

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

MARGIN RESERVED FOR BINDING

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.

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