

JUN 12 1935

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City *St. Louis* No. *2315 Hickory St*

File No. **18377**

Registered No. **4731**

St. Ward)

2. FULL NAME *Betty Statzel*

(a) Residence, No. *2315 Hickory St* 22 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 27th, 1935*

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

22. I HEREBY CERTIFY, That I attended deceased from *5/13/35*, 19, to *5/27/35*, 19, I last saw her alive on *5/29/35*, 19, Death is said to have occurred on the date stated above, at *3 P.* m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 2nd 1931*

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *3 10 25*

Acute Myocarditis following *myocarditis* Date of onset *May 14/35*

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Child* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

Acute Myocarditis *myocarditis* Cause of *Branchitis* unknown *no other disease* Other contributory causes of importance: *PSA*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Missouri*

Name of operation Date of operation What test confirmed diagnosis? *Pyral Stain* Date of autopsy? *no*

MOTHER FATHER 13. NAME *Andrew Statzel*

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.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *De Soto Missouri*

15. MAIDEN NAME *Anna Deaton*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

17. INFORMANT *Andrew Statzel* (ADDRESS) *2315 Hickory St*

18. BURIAL, CREMATION, OR REMOVAL PLACE *De Soto Mo* DATE *May 30th 1935*

19. UNDERTAKER *Albert Stope* (ADDRESS) *429 N. Grand*

20. FILED *28 1935* 19, *J. P. Brebeck* Registrar.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) *Stephen J. Vejean*, M. D. (Address) *1322 1/2 Park*

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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