

JUN 28 1935

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 1160
Township Central Primary Registration District No. 4470
City St. Louis, Mo. (No. 1040 East Park)

File No. 18585
Registered No. 56
St. _____ Ward _____

2. FULL NAME

Theo. Robt. Hetzel

(a) Residence, No. 1040 East Park 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 m. 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-14-1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>65</u>	<u>8</u>	<u>17</u>	

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Woodsman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pub. In. Co.

10. Date deceased last worked at this occupation (month and year) 5-24-1934 11. Total time (years) spent in this occupation _____

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

13. NAME Theo. Robt. Hetzel

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

15. MAIDEN NAME Antonia Hetzel

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

17. INFORMANT (ADDRESS) Elyzabeth Hetzel, 1040 E. Park Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethesda DATE 5-28 1935

19. UNDERTAKER (ADDRESS) Wardman Sons, 6175 N. Sklar

20. FILED May 27, 1935 Lena V. Moeller, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-25-1935

22. I HEREBY CERTIFY, That I attended deceased from 5-25-1935 to 5-25-1935

I last saw him alive on 5-25-1935 Death is said

to have occurred on the date stated above, at 7:15 A.M.

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

Coronary Thrombosis

Date of onset 5-25-35

Other contributory causes of importance: Chronic myocarditis 6 mos ago

Name of operation none Date of _____
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No 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? _____
If so, specify _____

(Signed) G. J. Truchs, M. D.
(Address) 6654 Carrington

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.

6651 Enright

THE UNIVERSITY OF CHICAGO

DEPARTMENT OF CHEMISTRY

PHYSICAL CHEMISTRY

LABORATORY OF CHEMICAL PHYSICS

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