

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

Do not use this space.

SEP 16 1935

**791
1003**

27893

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No.)

Registration District No.
Primary Registration District No.

File No.
Registered No. **6947**
St. Ward)

2. FULL NAME

Frank J. Stetzel
(a) Residence, No. 3550 Gells St., Ward 16
(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs T. H. Stetzel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 1 9 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Switchman

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

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) Laurville Ky

13. NAME Fredarich Stetzel

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

15. MAIDEN NAME Helen Von Ryan

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

17. INFORMANT Chas. Stetzel (ADDRESS) 4925 E. 11th St. St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles DATE Aug 17, 1935

19. UNDERTAKER A. K. von Lutz Co (ADDRESS) 1047 N. Grand Blvd

20. DIED Aug 15, 1935 19. J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15, 1935

I HEREBY CERTIFY, that I attended deceased from July 10, 1935, to Aug 15, 1935. I last saw him alive on Aug 15, 1935. Death is said to have occurred on the date stated above, at 4:30 p.m.

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

Carcinoma of Rectum Date of onset 46

Other contributory causes of importance: Chronic myocarditis

Name of operation Exstomy Lap & Colostomy Date of 7/15/35
What test confirmed diagnosis? Was there an autopsy?

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? None
If so, specify.

(Signed) Frank K. Bass M. D. (Address) Mrs. P. C. Kern

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.

