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

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.

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

OCT 5 1936

Do not use this space.

35561

File No. 9162

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No. , City Sanitarium St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Louis Hetling

(a) Residence, No. 3338 Missouri Ave. St., 24 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: 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: Margaret Hetling

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 19, 1885

7. AGE: Years 51 | Months 7 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Brass Foundry

10. Date deceased last worked at this occupation (month and year): Oct. 1929

11. Total time (years) spent in this occupation

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

FATHER

13. NAME: Louis Hetling

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Missouri

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): J. C. Campbell M.D. 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL

PLACE SS Peter & Paul DATE Sept. 5, 1936

19. UNDERTAKER (ADDRESS): Wacker-Helderle 2331 S. Broadway

20. FILED SEP 4 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to Sept 2, 1936

I last saw him alive on Sept. 2, 1936. Death is said to have occurred on the date stated above, at 6:15 A.M.

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

	Date of onset
Streptococcus Sore Throat	8-28-36

Other contributory causes of importance:

General Paralysis of the Insane	
Paretic seizure	8-23-36
Corneal Ulcers	1-19-36x
	1-19-36x

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) J. C. Campbell M.D., M. D.

(Address) 5400 Arsenal St

1 X7044