

DEC 28 1937

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

42538
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1170
 (b) Township Jefferson Primary Registration District No. 6-248-H Registered No. 242
 (c) City Richmond Heights, Mo. (d) Street No. 7470 Hoover St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elizabeth Hutsel

(a) Residence, No. 7470 Hoover St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 John Hutsel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 5th, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
30 65 9 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) October 1937 11. Total time (years) spent in this occupation 45 Yrs.

12. BIRTHPLACE (CITY OR TOWN) High Hill, Missouri
 (STATE OR COUNTRY)

13. NAME Henry Fleighman

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

15. MAIDEN NAME Elizabeth Steichleiter

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

17. INFORMANT Mrs. Edith Spathelf
 (ADDRESS) 7470 Hoover Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Montgomery City, Mo DATE November 2h. 37

19. FUNERAL DIRECTOR Albert H. Hoppe Inc.,
 (ADDRESS) 429 N. Euclid Avenue

20. FILED Nov. 18, 1937 Sam W. Bassett
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 17th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1937, to Nov. 17, 1937
 I last saw him alive on Nov. 17, 1937 Death is said to have occurred on the date stated above, at 4:00 P.M.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 6 mos ago
Chronic Nephritis several years

Other contributory causes of importance:
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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?
 If so, specify _____
 (Signed) M. D. McCarroll M. D.
 (Address) 1131 E. McCarroll

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.

STATEMENT BY LICENSED EMBALMER

I, Benj C Duncan, Licensed Embalmer No. 2272

hereby certify that the body recorded on the reverse side of this certificate was embalmed by M

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Benj C Duncan

Licensed Embalmer No. 2272

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)