

FEB 12 1938

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

Do not use this space.

1249

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City **St. Louis** (No. **770**) **Baptist Hosp.** St. .... Ward .....

File No. ....  
Registered No. **1105**  
St. .... Ward .....

2. FULL NAME

**Mary Pretz 632**

(a) Residence, No. **3730 Westholme** St. **19** Ward. (If nonresident, give city and State)  
(Usual place of abode)

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 **Female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **widow**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Apr. 20 1863**

7. AGE YEARS **74** MONTHS **9** DAYS **7** If LESS than 1 day, .... hrs. or .... min.

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

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

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

11. Total time (years) spent in this occupation **120**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

13. NAME **Herman Wetzel**

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

15. MAIDEN NAME **Elizabeth Unknown**

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

17. INFORMANT (ADDRESS) **Albert Pretz 3616 Milentz**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Concordia Cem** DATE **1-31-38**

19. UNDERTAKER (ADDRESS) **Walt Bro. & Co. 2929 S. Jefferson Av**

20. **FEB 30 1938** 19 **J. J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/27/38** 19 **38**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 20**, 19**38**, to **Jan 27**, 19**38**.  
I last saw her alive on **Jan 27**, 19**38**. Death is said to have occurred on the date stated above, at **12:30** a.m.

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

**Intestinal obstruction operation - 5 hach from which she did not rally. Intestinal obe. caused by gall stones. Benign**

Other contributory causes of importance:  
**cholecystitis - cholelithiasis adhesions closing the duodenum**

Name of operation **Gastro-intest.** Date of **1/26/38**  
What test confirmed diagnosis? **operation** Was there an autopsy? **yes**

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) **Hudson Jaebert**, M. D.

(Address) **met by St Louis**

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.

I hereby certify that the remains herein  
named were embalmed by me.

Edgar F. Witt  
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