

REC'D FEB 10 1939

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

603
 Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City..... St. Louis
 (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.

Registration District No. 791
 Primary Registration District No. 1003
 Registered No. 608

(d) Street No. 2127 South 12th St. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

240 Louise E. Hezel
 (a) Residence, No. 2127 South 12th Street St. 23
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank H. Hezel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
49 9 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
 9. Industry or business in which work was done, as saw mill, bank, etc. At home
 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) Kansas City, Missouri

FATHER 13. NAME Lester Houghton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mount Vernon, Ohio

MOTHER 15. MAIDEN NAME Viva H. Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Missouri

17. INFORMANT (ADDRESS) Frank J. Hezel
2127 South 12th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Park DATE January 21, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. J. Robert
1905 So. Grand Blvd.

20. FILED JAN 19 1939 J. P. Bredel Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 18, 1939

22. I HEREBY CERTIFY That I attended deceased from December 7, 1938 to Jan 18, 1939
 I last saw h.e.r. alive on Jan 17, 1939 Death is said to have occurred on the date stated above, at 2.30 P. M.

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

Lympho-sarcoma
Primary seat in lymph glands of neck
Metastasized
 Date of onset About Oct - 1938

Other contributory causes of importance: None

Name of operation Biopsy - Barnes Date of Jan 18, 1939
 What test confirmed diagnosis Microscopic 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) Pierce W. Powers, M. D.
 (Address) 2531 So. Jefferson

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

W. J. Robert

Licensed Embalmer No. 502.

P. O. Address St. Louis Mo.

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.)

If this body is not embalmed, above space should be left blank.