

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

Do not use this space.

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis, Mo. (No. 1 Registration District No. 791  
0 Primary Registration District No. 1003  
City Hospital)

File No. 30108  
Registered No. 7385  
St. .... Ward .....

**2. FULL NAME** Lillie Hetz

(a) Residence, No. 4722 Tesson St. 2 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**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/1, 1940

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

22. I HEREBY CERTIFY, That I attended deceased from 6:10-40, 1940, to 9-1-40, 1940

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 27 1890

I last saw h. or alive on 8/1, 1940 Death is said to have occurred on the date stated above, at 9:15 AM

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>49</u>	<u>10</u>	<u>5</u>		

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

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

Generalized neuro-syphilis  
malignant primary  
arteriosclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

Other contributory causes of importance:  
53

13. NAME Benjamin Hetz

Name of operation Biopsy Date of 8/25/40

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York, N.Y.

What test confirmed diagnosis? 485 Was there an autopsy? Yes

15. MAIDEN NAME Barbara Frank

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury

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

Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Benjamin W. Hetz  
(ADDRESS) 4722 Tesson

Manner of injury  
Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul Ch Yd DATE Sept. 3 40

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify

19. UNDERTAKER Schumacher Und. Co.  
(ADDRESS) 3013 Meramec

(Signed) R. J. Maxwell, M. D.  
(Address) City Hosp., St. Louis

20. FILED SEP 3 1940  
J. P. Budnik Registrar

RECORDED OCT 25 1940

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

-----  
Statement of licensed embalmer

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

Signed

*George N. Archambault*

Licensed Embalmer No 2906

P.O. Address 3013 Meramec St.