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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

23295  
State File No. \_\_\_\_\_  
5647  
Registrar's No. \_\_\_\_\_

FILED AUG 28 1941

Registration District No. 791 Primary Registration District No. 1003

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 3033 Alabama  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5032 Alabama Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Elizabeth Wetzel  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 7th  
year 1941 hour 10 minute 50 A.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Stephen 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased May 5, 1875  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 1940, to July 7<sup>th</sup> 1941,  
that I last saw her alive on July 7<sup>th</sup> 1941,  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
66 2 2 hr. \_\_\_\_\_ min.

Immediate cause of death Mitral Stenosis  
Due to Acute Cardiac Dilatation  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace Austria-Hungary (City, town, or county) (State or foreign country)  
10. Usual occupation At Home

11. Industry or business \_\_\_\_\_  
12. Name George Horvath  
13. Birthplace Austria-Hungary (City, town, or county) (State or foreign country)  
14. Maiden name Frances Heck  
15. Birthplace Austria-Hungary (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

16. (a) Informant Stephen Wetzel  
(b) Address 5032 Alabama Ave.  
17. (a) Burial (b) Date thereof 7/10/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation SS Peter and Paul Cem.

18. (a) Signature of funeral director J. H. Beckenkamp and Co.  
(b) Address 2842 Meramec St.  
19. (a) JUL 8 1941 (b) J. H. Beckenkamp  
(Data received local registrar) (Registrar's signature)

23. Signature Frank Schwarz (M. D. or other) \_\_\_\_\_  
Address 1800 Chippewa St. Date signed 7.8.41

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**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 John E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.

**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, fact should be so stated above.**