

FILED APR 13 1942

State File No.
Registrar's No. 2806

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County S.
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4735 Hamburg
(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 2.
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4735 Hamburg
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Otto A. G. Stetzen
3. (b) If veteran, name war..... 3. (c) Social Security No. 493-10-2381

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 28
year 1942 hour 10:00 minute Am

4. Sex Male 0 5. Color or race W. 6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased June 3, 1904
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....
that I last saw h..... alive on....., 19.....
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
37 9 24 ..br.min.

Immediate cause of death Strangulation due to hanging when deceased was found hanging from rusty iron post at 4735 Hamburg Ave
Due to.....
Due Mar 28 1942 at 10:00 Am

9. Birthplace St. Louis 0 Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Truck driver

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business.....
12. Name Andrew Stetzen
13. Birthplace Cole County 0 Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lena Scholz
15. Birthplace Adel 1 Wisconsin
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings: Of operations.....
Of autopsy 164a
Underline the cause to which death should be charged statistically.

16. (a) Informant Carl Stetzen
(b) Address Lafayette Hotel St. Louis Mo
17. (a) burial (b) Date thereof 3/31/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Margus Cem.
18. (a) Signature of funeral director John Ziegenhagen
(b) Address 7027 Gravois
19. (a) MAR 30 1942 (b) J. F. Grudeck
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence mar 28 1947
(c) Where did injury occur? at home
(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)
23. Signature deputy coroner (M. D. or other).....
Address..... Date signed 3/30/42

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

5000
199

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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 C. P. Kidwell
Licensed Embalmer No. 3877
P. O. Address 7027 Gravois

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.