

FILED DEC 7 1945
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STANDARD CERTIFICATE OF DEATH

Registration District No. _____ Primary Registration District No. 1003

Registrar's No. 10213

1. PLACE OF DEATH:

(a) County _____
(b) City or town City of St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether _____)
In this community life
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. 2911 Geyer Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward T. Hezel

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rosalie M. 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased August 21st 1879
(Month) (Day) (Year)

8. AGE: Years 66 Months 3 Days 22 If less than one day hr. _____ min. _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman
11. Industry or business Albrecht Feed & Elev. Co

12. Name Charles Hezel
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Johanning
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rose Hezel Wife
(b) Address 2911 Geyer Ave

17. (a) Burial (b) Date thereof Nov 27th 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS Peter & Paul Cem

18. (c) Signature of funeral director Peetz Bros

(b) Address 3029 Lafayette Ave

19. (a) NOV 26 1945 (b) J. T. Brebeck
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month November day 23rd
year 1945 hour 10:15 minute P M.

21. I hereby certify that I attended the deceased from 10:30 1945 to Nov 23 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 2 mo
Due to Hypertensive Cardio Vasc. Disease ?
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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

22. If death was due to external causes, fill in the following:

(c) 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? _____

(Specify type of place) While at work? _____ (c) Means of injury _____

23. Signature Patrusella (M. D. or other) 11/26
Address 3720 Washington Date signed _____

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

MOTHER, FATHER

OCT 17 1957

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.....

Frank L. Owens

Licensed Embalmer No. *2245*

P. O. Address.....

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.