

FILED JAN 7 1947
Registration District No. **318**

Primary Registration District No. **1003**

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:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 days**
In this community **Mo. Baptist Hosp.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Herman Hetzler**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **497-18-6726**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **Ruth** 6. (c) Age of husband or wife if alive **54** years
7. Birth date of deceased **July 20, 1879**
(Month) (Day) (Year)

8. AGE: Years **67** Months **5** Days **4** If less than one day hr. min.

9. Birthplace **Canton Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Clerk**

11. Industry or business.....

12. Name **Chas. Hetzler**

13. Birthplace **Germany** (City, town, or county) (State or foreign country)

14. Maiden name **Mary Wagner** (City, town, or county) (State or foreign country)

15. Birthplace **Germany** (City, town, or county) (State or foreign country)

16. (a) Informant **Ruth Hetzler**

(b) Address **22637 Margarette**

17. (a) **Burial** (b) Date thereof **Dec. 24, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Troy, Ill. Medical**

18. (a) Signature of funeral director **Jay B. Smith-Funeral Home**

(b) Address **7456 Manchester, Maplewood, Mo.**

19. (a) **DEC 26 1946** (Date received local registrar) **J. F. Bredel** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Maplewood**
(If outside city or town limits, write "RURAL")
(d) Street No. **2637 Margarette**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **24**
year **1946** hour **9** minute **15** A. M.

21. I hereby certify that I attended the deceased from **12-21-46**
to **12-24-46**
that I last saw him alive on **12-23-1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Failure** Duration

Cerebral hemorrhage

Due to **Hypertension**

Due to **Chronic myocarditis**

Broncho-Pneumonia (terminal)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **93d**

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:

(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.....

23. Signature **E. Q. Lensehe** (M. D. or other) **M.D.**

Address **4685 Natural Bridge** Date signed **12-24-46**

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 3454

....., Registered Apprentice No.
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.