

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAR 24 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11570  
State File No. 2528  
Registrar's No.

Registration District No. Primary Registration District No.

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:  
6934 Fyler Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community..... 20 years (Specify whether 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..... 6934 Fyler Avenue (If rural, give location)  
(e) Citizen of foreign country?..... NO (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME ANDREW JOHN STATZEL  
3. (b) If veteran, name war..... nil 3. (c) Social Security No..... none  
4. Sex..... M 5. Color or race..... W  
6. (a) Single, widowed, married, divorced..... M  
6. (b) Name of husband or wife..... Anna 6. (c) Age of husband or wife if alive..... 48 years  
7. Birth date of deceased..... October 27, 1895  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month..... March day..... 7<sup>th</sup>  
year..... 1947 hour..... 8:00 minute..... P M.  
21. I hereby certify that I attended the deceased from  
Feb. 10, 1946 to March 7, 1947,  
that I last saw him alive on March 7, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Acute Myocarditis Duration 1 day  
Due to Hypertension 1 year  
Due to Chronic Interstitial Nephritis 2 years  
Other conditions..... (Include pregnancy within 3 months of death)  
Major findings: 131 a  
Of operations.....  
Of autopsy.....  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day  
51 4 10 hr. min.  
9. Birthplace..... DeSoto, Missouri (City, town, or county) (State or foreign country)  
10. Usual occupation..... Stoker Service  
11. Industry or business..... Self  
12. Name..... Christ Statzel  
13. Birthplace..... DeSoto, Missouri (City, town, or county) (State or foreign country)  
14. Maiden name..... Mary Turley  
15. Birthplace..... Illinois (City, town, or county) (State or foreign country)  
16. (a) Informant..... Anna Statzel  
(b) Address..... 6934 Fyler Avenue  
17. (a) burial (b) Date thereof..... 3-10-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation..... Woodlawn Cem. DeSoto, Mo.  
18. (a) Signature of funeral director..... A.W. McLaughlin  
(b) Address..... 2301, Lafayette Avenue  
19. (a) MAR 10 1947 (b) J.F. Bredock  
(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).....  
(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..... John Lawrence (Seal)  
Address..... 508 N. Grand Blvd. Date signed..... 3/9/47

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

MOTHER FATHER

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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..... *E W Cooper* .....

Licensed Embalmer No. *3820* .....

P. O. Address *2301 Palmyrtle Ave* .....

**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.**