No. 2
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X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3405

FILED JAN 21 1948

Registration District No. 3717 Primary Registration District No. 2002 Registrar's No. 103

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7344 Princeton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 48 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town University City 5, Mo. 2
(If outside city or town limits, write "RURAL")

(d) Street No. 7344 Princeton 5
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Fred C. Hetzler

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex M.

5. Color or race W.

6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Elizabeth

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Jan. (Month) 14 (Day) 1870 (Year)

8. AGE: Years 77 Months 11 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace Canton, Mo. (City, town, or county) 6 (State or foreign country)

10. Usual occupation Retired Meat Cutter

11. Industry or business Proprietor

FATHER
12. Name Louis 4
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Barbara Brosi
15. Birthplace Iowa. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Hetzler

(b) Address 7344 Princeton, University City Mo.

17. (a) c remation (Burial, cremation, or removal) (b) Date thereof 1-13-48 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Alexander Sons

(b) Address 6175 Delmar

19. (a) 1-13-48 (Date received local registrar) (b) Cecil R. J. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11
year 1948 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 2, 1946, to January 11, 1948
that I last saw him alive on January 11, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis	2 yrs
Coronary sclerosis	2 yrs.
Due to 93d	
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:

(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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Louis Becke (M. D. ~~or other~~)

Address 3720 Washington Date signed 1/11/48

(Licensed Embalmer's Statement on Reverse Side)

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 Thomas R. Yenwick

Licensed Embalmer No. 3793

P. O. Address 6175 Delmar

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.