

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 791
Primary Registration District No. 1003
(No. ISOLATION HOSPITAL)

File No. 29512
Registered No. 8536
St. Ward)

2. FULL NAME

Walter Wetling

(a) Residence. No. 3863 Ashland St. 10 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 29 yrs. 11 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-1-1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
29 11 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Theodore Wetling

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sophie Ciesel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ida
(STATE OR COUNTRY)

14. INFORMANT Joe Salfer
(Address) ISOLATION HOSPITAL

15. FILED 616 19 Max C. Stamer
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-5-1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1931, to Aug 5, 1931 that I last saw him alive on Aug 5, 1931, and that death occurred, on the date stated above, at 11:30 P. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Typhoid Fever
(duration) 123 1/2 hrs. post. 11 ds.
CONTRIBUTORY (SECONDARY) Intestinal Perforation
Myocarditis Acute (duration) 2 yrs. 2 mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED Home
IF NOT AT PLACE OF DEATH

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 8-4-31

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Abundant Cultures
(Signed) John Eschenbrenner, M. D.

19 (Address) ISOLATION HOSPITAL

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Memorial Park Cemetery DATE OF BURIAL Aug 8 1931

20. UNDERTAKER J. Paschlag ADDRESS 282 N. Grand

