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

Do not use this space.

25096

File No. 6714
Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City ..... (No. 8303 Minnesota St. ..... Ward)

2. FULL NAME Theresa C. Wetzel

(a) Residence, No. 8303 Minnesota St., / Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	white	married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Wetzel.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15 - 1886

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	46	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

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

FATHER

13. NAME John Duba.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia.

MOTHER

15. MAIDEN NAME Mary Komroka
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia

17. INFORMANT Frank Wetzel.
(ADDRESS) 8303 Minnesota.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peter & Paul Cem DATE July 29, 1933

19. UNDERTAKER Jos. P. Friedhof Jr.
(ADDRESS) 9128 Michigan Ave.

20. FILED AUG 27 1933 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1929, to July 27, 1933
I last saw her alive on July 27, 1933. Death is said to have occurred on the date stated above, at /a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July 26 1933
13	
13	
13	
Other contributory causes of importance:	
Mitral Stenosis	May 18 1929
Chronic Nephritis	"
Nephritis	"

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) A. E. Thomas, M. D.
(Address) 2540 Jefferson Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 28 1933

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