

NOV 9

1935

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

Do not use this space.

33955

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City *St. Louis Mo.* (No.)*Sanitarium* St. Ward)791
1003

File No.....

Registered No. **8369**2. FULL NAME *George Wetts*(a) Residence, No. *1210 No 10th St.* St. *25* Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *68 yrs. 11 mos. 2 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

single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct 31, 1866

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

*68**11**2*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

watchman

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis Missouri

MOTHER FATHER

13. NAME

unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

unknown Germany

15. MAIDEN NAME

unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

unknown Germany

17. INFORMANT (ADDRESS)

Dr. P. Reich 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Calvary

DATE

Oct 7

1935

19. UNDERTAKER (ADDRESS)

Dr. Adner & Co. 1417 Howard St.

20. FILED

*-5 1935. 19**J. F. Bredest*

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 3, 1935, 19*I HEREBY CERTIFY, That I attended deceased from *8/21*, 19*35*, to *10/3*, 19*35*I last saw him alive on *10/3*, 19*35* Death is saidto have occurred on the date stated above, at *10:15* am.

The principal cause of death and related causes of importance were as follows:

Date of onset

*Lobar Pneumonia**9/29*

Other contributory causes of importance:

*Ch. Myocarditis**P*

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? *2*

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?.....

If so, specify

(Signed) *P. Reich* M. D.(Address) *5400 Arsenal St.*

