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.

REC'D MAR 13 1939

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

4565
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003 Registered No. 1258

(b) Township ..... Primary Registration District No. ..... Registered No. .....

(c) City ST. LOUIS, MO. (d) Street No. 3733 FINNEY AVE. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 432 JETTIE C. WILTZ

(a) Residence, No. 3733 FINNEY AVE. St. 11
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): MARCH 29th 1867 (18)

7. AGE: 71 YEARS | MONTHS: 10 | DAYS: 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: HOUSEWIFE
9. Industry or business in which work was done, as 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) (STATE OR COUNTRY): PEORIA, ILLINOIS. 1

FATHER
13. NAME: PATRICK CARROOL 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): IRELAND 5

MOTHER
15. MAIDEN NAME: JULIA SHEA
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): IRELAND.

17. INFORMANT (ADDRESS): PETER A. WILTZ 3733 FINNEY

18. BURIAL, CREMATION, OR REMOVAL
PLACE: CALVARY CEM. DATE: FEB. 9th 1939

19. FUNERAL DIRECTOR (ADDRESS): Meek & Dickman 3039 EASTON AVE.

20. FILED: FEB 8 1939 J. F. Bridick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 6, 1939.

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1938 to Feb 6, 1939
I last saw her alive on Feb. 6, 1939 Death is said to have occurred on the date stated above, at 12 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Right side.)	2-6-39
Other contributory causes of importance:	
Arteriosclerosis.	?
Chronic myocarditis	?

Name of operation ..... Date of .....
What test confirmed diagnosis? Phy. Exam. Was there an autopsy? no

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) Everett J. Javaux, M. D.
(Address) 607 N. Grand Ave.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....Howard F. Rowland.....

Licensed Embalmer No....3114.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)