

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 12 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41577

State File No.

Registration District No. 2001

Primary Registration District No.

Registrar's No.

10700

1. PLACE OF DEATH: 1003 2
 (a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3150 Halliday
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Erwin Henry Wietlake
 3. (b) If veteran, name war World War
 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ann 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased June 6, 1893
 (Month) (Day) (Year)

8. AGE: Years 46 Months 6 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Paper Carrier

11. Industry or business _____

12. Name William Wietlake

13. Birthplace Germany
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ann Wietlake

(b) Address 3150 Halliday

17. (a) Burial (b) Date thereof 12/16/39
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (e) Signature of funeral director Wacker - Heldele

(b) Address 2331 S. Broadway

19. (a) DEC 12 1939 (b) J. J. [Signature]
 (Received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED: 1
 (a) State Missouri (b) County _____
 (c) City or town St. Louis 16
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3150 Halliday
 (If rural, give location) No Physician in Attendance
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14
 year 1939 hour 6 minute 45 a.m.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Gunsight wound in right side of head self inflicted at his home 3150 Halliday Ave. on December 14, 1939 at about 6:45 A.M.
 Duration _____

Due to _____
 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) suicide

(b) Date of occurrence Dec 14, 1939

(c) Where did injury occur? St. Louis Mo.
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home

While at work? at home (Specify type of place)

Means of injury _____

23. Signature [Signature] (M. D. or other)

Address [Signature] Date signed 12/15/39

JUN 25 1941

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.....

Frank R. J. Myland Sr.

Licensed Embalmer No.....

2645

P. O. Address.....

St. Louis Mo.

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, above space should be left blank.