

MAR 10 1940

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

6100
Do not use this space.

1. PLACE OF DEATH
 (a) County Caldwell, Registration District No. 93
 (b) Township Davis, Primary Registration District No. H.0.55
 (c) City Braymer, (d) Street No. _____ 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 374 Mary Anna Wetzel,
 (a) Residence, No. Braymer, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female, 4. COLOR OR RACE White, 5. MARRIED Married,
 (write the word)

5A. IF MARRIED Gus O. Wetzel,
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27th-1868

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>71</u>	<u>2</u>	<u>29</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife,
 9. Industry or business in which work was done, as saw mill, bank, etc. House Keeping,
 10. Date deceased last worked at this occupation (month and year) Feb. -1940 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Manitowoc,
 (STATE OR COUNTRY) Wisconsin,

FATHER
 13. NAME Christian Widmier,
 14. BIRTHPLACE (CITY OR TOWN) Germany,
 (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Catharine Ricker,
 16. BIRTHPLACE (CITY OR TOWN) Germany,
 (STATE OR COUNTRY)

17. INFORMANT Gus Wetzel,
 (ADDRESS) Braymer, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Evergreen Cemetery-Feb.-28-1940

19. FUNERAL DIRECTOR (NAME) E. P. Michael,
 (ADDRESS) Braymer, Mo.

20. FILED Feb. 28, 1940 H. H. Patterson
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 26, 1940

22. I HEREBY CERTIFY THAT I attended deceased from Dec -21-1939 to February 26, 1940
 I last saw her... alive on February 26, 1940 Death is said to have occurred on the date stated above at 2:10 a.m.
 The principal cause of death and related causes of importance were as follows:
Angina Pectoris
(Sudden)
 Date of onset Feb 26-40

Other contributory causes of importance
Arterio Sclerosis
Several years duration

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No 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. Home

Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Paulina B. Decker
 (Address) Braymer Mo

WHILE PRINTED WITH UNFADING INK--THIS IS A PERMANENT RECORD
 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.

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RECEIVED

District Health Officer No. 11,

District File Number 340-365

Date Filed MAR 13 1940

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 _____

E. P. Michael

Licensed Embalmer No. 1363

P. O. Address Braymer, 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.