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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16980

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4458

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo. 27 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits write "RURAL")

(d) Street No. 5585a Bartmer Ave (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John Wettroth 363

3. (b) If veteran, name war No

3. (c) Social Security No. 344-10-6639

4. Sex Male

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nellie Wettroth

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased Jan (Month) 5 (Day) 1903 (Year)

8. AGE: Years 37 Months 4 Days 12 If less than one day hr. min.

9. Birthplace Chicago (City, town, or county) Ill (State or foreign country)

10. Usual occupation Automobile Mechanic

11. Industry or business F. S. Wiemeyer Co.

MOTHER FATHER

12. Name John N. Wettroth

13. Birthplace St Louis (City, town, or county) Mo. (State or foreign country)

14. Maiden name Emma E. Walter

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

16. (a) Informant Sadie R. Walter

(b) Address 5585 A Bartmer Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20 (Month) 40 (Day) (Year)

(c) Place: burial or cremation St Peters

18. (a) Signature of funeral director Chas F. Edwards

(b) Address 1275 Union Blvd

19. (a) MAY 20 1940 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17, year 1940 hour 10:10 minute P. M.

21. I hereby certify that I attended the deceased from March 20, 1940 to May 17, 1940; that I last saw him alive on May 17, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Portal cirrhosis	
Due to	
Due to	
Other conditions Uremia (Include pregnancy within 3 months of death)	

Major findings:
Of operations Cirrhosis of liver c ascites
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)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

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

While at work? (e) Means of injury

23. Signature J. P. Robinson Jr. (M. D. or other)

Address 1515 Lafayette Date signed 5/18/40

(Licensed Embalmer's Statement on Reverse Side)

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 Bernard A. J. Stra

Licensed Embalmer No. 3500

P. O. Address 1225 Elm

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

If this body is not embalmed, above space should be left blank.