

DEC 22 1941 791

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(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:
Alexian Bros. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution unknown
(Specify whether
In this community unknown
years, months or days)

3. (a) PRINT FULL NAME Otto H. Wutzler

3. (b) If veteran, name war Yes 3. (c) Social Security No. 488-10-5737

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

6. (b) Name of husband or wife Aluina 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased March 28 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 7 22 hr. min.

9. Birthplace Beardstown Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Laundry Driver

11. Industry or business Hy-Grade Laundry

MOTHER FATHER { 12. Name Beni Wutzler

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

14. Maiden name Mary unknown

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

16. (a) Informant Aluina Wutzler

(b) Address Rt. 14 Affton Mo.

17. (a) Cremation (b) Date thereof 11-22-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Frank Meland

(b) Address 3634 Gravois Ave.

19. (a) NOV 21 1941 (Date received local registrar) J. F. Brudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis Co
(c) City or town St. Louis Co
(If outside city or town limits, write "RURAL")
(d) Street No. Route 14 Affton Mo.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19
year 1941 hour 1 minute 00 A.M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____

that I last saw h_____ alive on _____, 19____ and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration

Gunshot wound in the left temple; self inflicted in the basement of his home at Affton, Missouri, on Nov. 18th, 1941, at about 11:50 P.M.

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 Nov. 18th, 1941

(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?
In Home
(Specify type of place)

While at work? (e) Means of injury 600 shell

23. Signature James P. Brudeck and (M.D. or other)

Address 1300 E. 10th Ave Date signed 11/20/41

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

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.....

Robert Wheeler

Licensed Embalmer No. *2178*

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, fact should be so stated above.