

FILED APR 13 1942

State File No. 2494

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis Mo.
 (b) City or town St. Louis Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Lukes Hospital.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Months 10 days
 (Specify whether years, months or days)
 In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Macoupin **NR.**
 (c) City or town Bunker Hill, Ill. **999**
 (If outside city or town limits, write "RURAL") **11**
 (d) Street No. _____ (If rural, give location) **0**
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country 2

3. (a) PRINT FULL NAME Agusta Gertrude Wetzlick

3. (b) If veteran, name war _____ 3. (c) Social Security No. no

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 4 1893
 (Month) (Day) (Year)

8. AGE: Years 49 Months 0 Days 14 If less than one day hr. _____ min. _____

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

10. Usual occupation House Maid

11. Industry or business _____

12. Name Nichalous Wetzlick

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

14. Maiden name Alvina Rossell

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

16. (a) Informant Anna Wetzlick

(b) Address Bunker Hill, Ill.

17. (a) Removal (b) Date thereof _____
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bunker Hill, Ill.

18. (a) Signature of funeral director Albert H Hoppe

(b) Address 4700 Washington

19. (a) APR 19 1942 (b) G. F. Predeck
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
 year 1942 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 22, 1942, to March 18, 1942
 that I last saw her alive on March 18, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Anemia & exhaustion

Due to Carcinoma - primary in left ovary - many metastases

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: Of operations: 3 operable mass in left side abdomen. Primary left ovary. Of autopsy: extensive metastases. Papillary Carcinoma ovary

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Walter Fradet (M. D. or other) _____
 Address 3720 Washington Date signed March

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

MOTHER FATHER

20
17
9

LP

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.....

Wilford Y. Burnley
Licensed Embalmer No. 4202

P. O. Address.....

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.