

S. No. 2  
I-9-4-41  
5-17-36  
X2945

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **20107**  
Registrar's No. **5876**

**FILED JUL 20 1942 791**

Registration District No. ....

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Park Lane Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1-day**  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **000**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5337 Ridge Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **Frederick Louis Wetzel**

3. (b) If veteran, name war **None**  
3. (c) Social Security No. **None**

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **M.**  
6. (b) Name of husband or wife **Annabel Wetzel** 6. (c) Age of husband or wife if alive **76** years  
7. Birth date of deceased **Jan. 25th., 1863**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**79 5 14** hr. min.

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

10. Usual occupation **Retired Mgr.**

11. Industry or business **Dozier Biscuit Co.**

MOTHER FATHER { 12. Name **Frederick Joseph Wetzel**  
13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Rozina Seitz**  
15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Wm. E. Wetzel**  
(b) Address **5337 Ridge Ave.**

17. (a) **Burial** (b) Date thereof **7-13-1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**  
18. (a) Signature of funeral director **Arthur J. Donnelly**  
(b) Address **3840 Lindell Blvd.**

19. (a) **JUL 11 1942** (b) **J. F. Bradley**  
(Date received local registrar's certificate) (Registrar's signature)

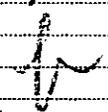
MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **9th.** year **1942** hour **8** minute **15** p. m.

21. I hereby certify that I attended the deceased from **July 7, 1942,** 19 to **July 9, 1942,** 19  
that I last saw him alive on **July 9, 1942**, 19  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary embolism, July 7, 1942.**

Due to **Chronic nephritis, and general arterio sclerosis,** Unknown

Due to   
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **12/1**  
Of autopsy **12/1**

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) **10**  
(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 **10**

23. Signature **C. Chenevix**  
Address **320 Metropolitan Bldg.** Date signed **7/10/42**

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

