

FILED FEB 18 1943
Registration District No. **818**

Primary Registration District No. **1003**

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

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:
Park Lane Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 week** (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Oliver A. Wetzel**

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

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mary** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **May 27 1895**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 8 8 hr. _____ min.

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

10. Usual occupation **Trucking**

11. Industry or business _____

MOTHER, FATHER { 12. Name **George Wetzel**

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

14. Maiden name **Mathilda Feltroupe**

15. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Mary Wetzel**

(b) Address **7800 Fleta Ave.**

17. (a) **Burial** (b) Date thereof **Feb 8, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old S. S. Peter & Paul**

18. (a) Signature of funeral director **John J. Ziegenhain & Sons**

(b) Address **7027 Gravois Ave.**

19. (a) **FEB 8 1943** (b) **J. F. Budeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Lakewood**
(If outside city or town limits, write "RURAL")
(d) Street No. **7800 Fleta** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **5**
year **1943** hour **7:00** minute **P.M.**

21. I hereby certify that I attended the deceased from **Jan 31st 1943** to **February 5th 1943**; that I last saw him alive on **2/5/43** and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac failure, Acute Pulmonary Emphysema** Duration **3 days**

Due to **Diabetic Mellitus, Arterio-sclerosis - four recent effects of apoplexy**

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

Major findings: Of operations _____

Of autopsy **no**

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) **no**
(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 **E. B. Walters M.D.** (M. D. or other)
Address **Kirkwood, Mo** Date signed **2/6/43**

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.....

B. P. Kidwee

Licensed Embalmer No. *3877*

P. O. Address *7027 Graves*

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.