

FILED MAR 2 1943
Registration District No. 318 Primary Registration District No. 1003 State File No. Registrar's No. 1675

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town Chamois Mo. (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME John Anton Wuelling
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex M 5. Color or Race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Katie Wuelling
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased June 7 1871 (Month) (Day) (Year)

8. AGE: Years 71 ~~70~~ Months 8 Days 10 If less than one day hr. min.

9. Birthplace Seneca (City, town, or county) Minn. 1 (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name John Wuelling

13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

14. Maiden name Mary Meyer

15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Katie Wuelling

(b) Address Chamois Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-43 (Month) (Day) (Year)

(c) Place: burial or cremation Chamois Missouri

18. (a) Signature of funeral director Otto J. Storkaik

(b) Address Chamois Missouri

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 17 year 43 hour 11 minute M.

21. I hereby certify that I attended the deceased from 2-11-43 to 2-17-43 that I last saw him alive on 2-17-43 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, Lobar

Due to Dementia senile

Due to Arteriosclerosis

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

Major findings: Of operations

Of autopsy

Duration

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?

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

23. Signature R. F. O'Leary (M.D. or other)

Address 4922 Montgomery Date signed 2/19/43

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

FEB 19 1943

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

John Ketter
.....
Licensed Embalmer No. *3880*

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.