V. S. No. 2
OM—5-42
ev. 5-17-39
I X3287

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1003

State File No. 16739

FILED MAY 18 1943

Registration District No. 1818

Primary Registration District No.

Registrar's 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:
5625 Lisetta Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 4328 000

(a) State Missouri (b) County 17

(c) City or town ST. Louis. 2
(If outside city or town limits, write "RURAL")

(d) Street No. 5625 Lisetta Ave.
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Sarah E Wetter.

3. (b) If veteran, name war no

3. (c) Social Security No. ---------

4. Sex Female

5. Color or race white /

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Charles Wetter.

6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased April (Month) 16 (Day) 1857 (Year)

8. AGE:

Years	Months	Days	If less than one day
86	0	22	hr. min.

9. Birthplace Kentucky. (City, town, or county) / (State or foreign country)

10. Usual occupation Housekeeper.

11. Industry or business

FATHER
12. Name William Puris.
13. Birthplace Kentucky. (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name unkown.
15. Birthplace unknown. (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mary Rosaler Burke.
(b) Address 5625 Lisetta Ave.

17. (a) Cremation. (Burial, cremation, or removal) (b) Date thereof 5/10/43. (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Creamatory.

18. (a) Signature of funeral director Wm C. Maydell.
(b) Address 1926 Allen Ave.

19. (a) MAY 10 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 15
year 1943 hour minute 18 M.

21. I hereby certify that I attended the deceased from May 6 1943, 19..., to May 8, 1943
that I last saw h... alive on May 8, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Due to

Due to

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

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Cecy Allen (M. D. or other) 0

Address 5912 So. Kingshighway Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 1926 Allen ave

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.