

FILED JAN 12 1944 **818**

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

Registrar's No. **11942**

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:  
**BARNES HOSPITAL**  
(If not in hospital or institution, write street number or location)  
**3-WKS.**  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_  
years, months or days **0**

3. (a) PRINT FULL NAME **GEORGE JOSEPH WETZEL**

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

4. Sex **0 M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **S. U**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Aug. 17th., 1872**  
(Month) (Day) (Year)

8. AGE: Years **71** Months **4** Days **13** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **St. Louis Mo. 0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Braider, U.S.G.**

11. Industry or business \_\_\_\_\_

12. Name **Frederick J. Wetzel**

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

14. Maiden name **Rozina Seitz**

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

16. (a) Informant **Mr. Peter A. Wetzel**

(b) Address **Oak Park, Ill.**

17. (a) **Burial** (b) Date thereof **1-3-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Galvary**

18. (a) Signature of funeral director **Arthur J. Donnelly**  
**3840 Lindell Bldg.**

(b) Address \_\_\_\_\_

19. (a) **DEC 31 1943** (b) **J. F. Braider**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5605 Chamberlian Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **30**  
year **1943** hour **8** minute **509** M.

21. I hereby certify that I attended the deceased from **12-4** 1943, to **12-30** 1943;  
that I last saw him alive on **12-30** 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute yellow atrophy of the liver**

Other conditions **Arteriosclerotic heart disease**  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy **none performed**

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 **M. C. Abney** (M. D. or other) **0**  
Address **BARNES HOSPITAL** Date signed **12/31/43**

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

MAR 1 1944

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**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 W H Van Matre

- Licensed Embalmer No. 2825

P.O. Address 4340 Lafayette

**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.