

Registration District No. 318 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 institutions  
2214 SMC Cassland Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether years, months or days)

3. (a) PRINT FULL NAME HANNIE WETROFF

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife John Wetroff 6. (c) Age of husband or wife if alive 84 years  
Birth date of deceased Aug. 7 1862  
(Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

12. Name John Engelkraut

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

14. Maiden name Elizabeth Ruppel  
(City, town, or county) (State or foreign country)

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

16. (a) Informant John Wetroff

(b) Address 2214 SMC Cassland Ave

17. (a) Burial (b) Date thereof 1-17-44  
(Burial, cremation, or removal) (City or town) (County) (State) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Gregory Mortuaries  
(b) Address 4228 So. Kingshighway  
JAN 17 1944 (Date received local registrar) (c) Registrar's signature J. F. Probst

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2214 SMC Cassland Ave  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14 year 1944 hour 9:10 minute 4 M.  
21. I hereby certify that I attended the deceased from July 4 1944 to Jan 14 1944  
that I last saw him alive on July 13 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) g 2

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

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_ (f) Means of injury \_\_\_\_\_

23. Signature M. E. Shetty (M.D. or other)

Address 4300 N. Main St Date signed 1/15/44

COPYING BACK INK - MAKE A PERMANENT RECORD

OCT 21 1949

Mr. M. E. Streets  
Embalmer at Brown House  
8-9-81-3

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.....

*Edmund A. Mc Nemata*

Licensed Embalmer No. *3024*

P. O. Address.....

**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.**