

FILED JUL 2 1944

Primary Registration District No. _____

1003

Registrar's No. 5624 ✓

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:
St. Anthony Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 24 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4048 Parker
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mr. Herman Wettig

3. (b) If veteran, name war _____ 3. (c) Social Security No. 489-05-3586

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mrs. Bertha Lehnhoff 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased December 7, 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 6 12 _____ hr. _____ min.

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

10. Usual occupation Brewery Worker

11. Industry or business Brewing Company

MOTHER FATHER { 12. Name Fred Wettig
 { 13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
 { 14. Maiden name Wilhelmina Masenbrink
 { 15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Herman Wettig
 (b) Address 4048 Parker

17. (a) Burial (b) Date thereof June 22, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Beiderwieden. F. H. Inc.

(b) Address 1936 St. Louis Avenue

19. (a) JUN 22 1944 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
 year 1944 hour 9 minute 40 P. M.

21. I hereby certify that I attended the deceased from December 10th 1943 to June 19th 1944
 that I last saw him alive on June 19th 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma Esophagus 6 mo.
Chronic Hypertension 2 yrs.
Arterio-Sclerosis 2 yrs.

Other conditions (Include pregnancy within 3 months of death)
None

Major findings: Of operations _____ Of autopsy _____
 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? _____

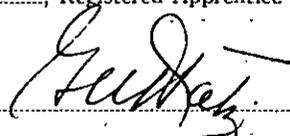
While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature Robert Beiderwieden (M. D. or other) md.
 Address 3606 Gravois Ave Date signed 6/20/44

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

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.....



Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis 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.