

S. No. 2
M-2-43
5-17-39
P-I X35697

#27801
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 27 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11909

State File No. _____

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 2456

1. PLACE OF DEATH: 318
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital #1.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 days
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL") 112
(d) Street No. 5076 PAGE AVE
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOSEPH WETZEL

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 16th, 1876
(Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Fredericksburg, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Handy Man

11. Industry or business _____

12. Name Richard Wetzels

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

14. Maiden name Unknown Kuebler

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

16. (a) Informant Frank Wetzels

(b) Address 5954 Wells Ave.

17. (a) Burial (b) Date thereof 4/20/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Herman, Missouri.

18. (a) Signature of funeral director A.H. Hoppe

(b) Address 4700 Washington

19. (a) APR 18 1945 (b) J.F. Busch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17th
year 1945 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from 3/28/45
to 4/17/45, 19____ to 4/17/45, 19____

that I last saw him alive on 4/17/45, 19____

and that death occurred on the date and hour stated above

Immediate cause of death arteriosclerosis heart disease with myocardial failure

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: Recurrent Carcinoma of colon

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 [Signature] (M; D, or other): _____
Address 2515 Lafayette 4/18/45
Date signed

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 Albert G. Hojice
Licensed Embalmer No. 2971
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.