

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16692

State File No. ....

FILED APR 29 1953

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>1086</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MANCHESTER MO</u>		c. LENGTH OF STAY (In this place) <u>Ab 6 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS 2239</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MANCHESTER NURSING HOME</u>				d. STREET ADDRESS (If rural, give location) <u>2316 RUSSELL BLVD</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LDA</u> b. (Middle) _____ c. (Last) <u>WETZEL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 14-1953</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>NOV 28-1879</u>		9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LADIES WEAR SHOP</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED-CLERK</u>		11. BIRTHPLACE (State or foreign country) <u>ST LOUIS MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HENRY WETZEL</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH GORTTE</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lillie Wetzel</u> ADDRESS <u>2316 Russell Blvd</u>			
18. CAUSE OF DEATH (Type only one cause per line for (a), (b), and (c))  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HEMORRHAGE FROM VAGINA</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CARCINOMA OF UTERUS</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS- Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 HRS</u>  ?
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>174X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>DEC. 1, 1952</u> to <u>APRIL 14, 1953</u> , that I last saw the deceased alive on <u>APRIL 14 1953</u> , and that death occurred at <u>4:35 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>B. R. Loving</u> (Degree or title) <u>MD</u>			23b. ADDRESS <u>Ballwin, MO</u>		23c. DATE SIGNED <u>4-16-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>APRIL-17-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Peter + Paul - Con</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis MO</u>			
DATE REC'D BY LOCAL REG. <u>4-16-53</u>		REGISTRAR'S SIGNATURE <u>Hebert R. Domb</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robert L. W. Co 1905 So Grand</u>			

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

DR LUSH LOVING  
MANCHESTER MO  
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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ronald O. Vachuska

Licensed Embalmer No. 3917

P. O. Address St. Louis

**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.**