N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D APR 12 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8667
Do not use this space.

1. PLACE OF DEATH

(a) County ..... 2 Registration District No. .....

(b) Township ..... 1 Primary Registration District No. ..... Registered No. 2432

(c) or City St. Louis (d) Street No. 3822 Hartford St. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

366

2. PRINT FULL NAME Mary Wetterer

(a) Residence, No. 3822 Hartford St. St. 16
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John H. Wetterer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 12, 1860

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
79	2	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo. 0

FATHER
13. NAME John H. Bilchmann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER
15. MAIDEN NAME Unknown 6
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) John H. Wetterer 3822 Hartford St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Peter & Paul DATE 3-15, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kriegshauser Mortuaries 4228 So. Kingshighway

20. FILED MAR 14 1939 J. F. Bridick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1933, to March 12, 1939
I last saw her alive on Mch 12, 1939. Death is said to have occurred on the date stated above, at 8:22 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive Heart Failure	1938
Arterio Cardio Sclerosis	1933
Hypertension	
106A	

Other contributory causes of importance:
Upper Respiratory Infection cause unknown 1938
Patient had ordinary cold

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) E. R. Buddy, M. D.
3/14/39 (Address) Univ Club Bldg

(Licensed Embalmer's Statement on Reverse Side)

Dr. E. P. Buddy
U. Club Bldg
Ac. 1 P.M.

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 Edwin D McDermott

Licensed Embalmer No. 302.4

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.