DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 13 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37639

Registration District No. 791 | Primary Registration District No. | Registrar's No. 9478

1. PLACE OF DEATH: 1003

(a) County: 1

(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days)

In this community 50 Years

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 6616 Mc Cune Ave. 3
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME Anna Lilly Wetzel 226

3. (b) If veteran, name war: no

3. (c) Social Security No. no

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife: John L. Wetzel

6. (c) Age of husband or wife if alive years

7. Birth date of deceased September 2nd 1872 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
67	2	2	hr. min.

9. Birthplace: Lincoln Illinois (City, town, or county) (State or foreign country)

10. Usual occupation: housewife 1

11. Industry or business: home 7

MOTHER FATHER

12. Name: Fornoff 7

13. Birthplace: unknown (City, town, or county) 9 (State or foreign country)

14. Maiden name: unknown

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

16. (a) Informant's own signature: Walter Wetzel

(b) Address: 6616 McCune Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Nov. 7th. (Month) (Day) (Year)

(c) Place: burial or cremation: Bellefontaine Cem

18. (a) Signature of funeral director: Henry Weidemueller

(b) Address: 6203 Gravois Ave.

19. (a) NOV 6 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 4th year 1939 hour 5 minute 9 P. M.

21. I hereby certify that I attended the deceased from June 3, 1938, to Nov 4, 1939; that I last saw her alive on 11-4, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Nephritis chronic	
Due to Cardiac nephritic	
Due to Secondary Liver	
Non Malignant	
Other conditions Partial Obstruction (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy — no

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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? — 1 (Specify type of place)

While at work? (e) Means of injury

23. Signature: P B Cappel (M. D. number)

Address: 3239 Franklin one Date signed 11-6-39

(Licensed Embalmer's Statement on Reverse Side)

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

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.

X19511

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. J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address 4704 Washington Blvd

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, above space should be left blank.