

FILED JUN 11 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH17772
Do not use this space. 37

1. PLACE OF DEATH

(a) County Gasconade Registration District No. 306
 (b) Township Boeuf Primary Registration District No. 5424 Registered No. 4
 (c) City or (d) Street No. St.
 (e) Length of residence in city or town where death occurred 71 (If death occurred in Hospital or Institution, write its name instead of street and number)
 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. CHARLES WETTLING St.
Gasconade County (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hulda Wettling

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
71 6 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation, (month and year) Nov. 10 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Swiss
Missouri

FATHER 13. NAME Micheal Wettling

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Anna Wehrle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Hulda Wettling
Swiss, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE St. John's Cem. Swiss, Mo. DATE 5/25 #1

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hugo H. Blumer
Hermann Missouri

20. FILED May 24, 1941 John Engelbrecht
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1941

22. I HEREBY CERTIFY That I attended deceased from May 19, 1941 to May 23, 1941

I last saw him alive on May 23, 1941. Death is said to have occurred on the date stated above, at 8:45 AM.
 The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy
now
 Date of onset 5-12-41

Other contributory causes of importance:
Posterior Ataxia was my diagnosis

Name of operation Date of
 What test confirmed diagnosis? Physical Was there an autopsy? no

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? no.
 If so, specify
 (Signed) John Engelbrecht M. D.
 (Address) Stobyl Hill, Mo.

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

Hugo H. Blum

Licensed Embalmer No. 3160

P. O. Address Hermann, Mo.

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.