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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1943

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 8915

Registrar's No. 2583

1. PLACE OF DEATH:

(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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 Days (Specify whether
In this community 33yrs.
years, months or days)

2. USUAL RESIDENCE OF DEACESED: 000 17 928

(a) State Missouri (b) County

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

(d) Street No. ~~2221 South Water St.~~
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country -------- 0

3. (a) PRINT FULL NAME Edward Wetzel

3. (b) If veteran, name war Unknown

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 Unknown years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
74	----	-----	---------- hr. ---- min.

9. Birthplace (City, town, or county) Indiana (State or foreign country) 1

10. Usual occupation Unknown

11. Industry or business Unknown

FATHER
12. Name Casper Wetzel
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Liza Smith
15. Birthplace (City, town, or county) Pennsylvania (State or foreign country)

16. (a) Informant Anna Morrison
(b) Address St. Louis City Hospital.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 19 43 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ City Cemetery

18. (a) Signature of funeral director W. G. White
(b) Address City Hospital No 1

19. (a) MAR 19 1943 (Date received local registrar) (b) J. F. Buck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1. year 1943 hour 11:50 minute P. M.

21. I hereby certify that I attended the deceased from February 3, 1943 to March 1, 1943 that I last saw him alive on March 1, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Cirrhosis of the liver

Due to

Due to ascites.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Louis L. Mudgett M.D. (M. D. or other)

Address 1515 Lafayette Avenue Date signed 3/11/43

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.