

FILED MAR 6 1948

Registration District No. **6918** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME John Wetzel
(b) If veteran, name war no. (c) Social Security No. no.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 28 1870
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Switzerland (City, town, or county) (State or foreign country) 5

10. Usual occupation Porter

11. Industry or business _____
12. Name Unknown Wetzel
13. Birthplace Switzerland (City, town, or county) (State or foreign country) 5
14. Maiden name Unknown
15. Birthplace Switzerland (City, town, or county) (State or foreign country) 5

16. (a) Informant Minnie Samson
(b) Address 1436 N. 7th St.

17. (a) Cremation (b) Date thereof 2-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation no. Crematory

18. (a) Signature of funeral director With Bro. & Mo.
(b) Address 2929 S. Jefferson Av.

19. (a) FEB 21 1948 (b) J. F. Bredack
(Date received for registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town ST. LOUIS 25 000 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1436 N. 7th St. 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 18
year 1946 hour 3 minute 0 M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Bronchitis
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) no
Major findings: Of operations _____
Of autopsy _____

Duration
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? _____
While at work? _____ (Specify type of place) (e) Means of injury g
23. Signature John E. Dyer (M. D. or other) g
Address _____ Date signed 2/21/48

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

MOTHER FATHER

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed

D. M. Davis

Licensed Embalmer No. 374

P. O. Address 2929 Jefferson

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.