S. No. 2
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v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 7127

Registrar's No. 1307

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: Alexian Bros. Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week (Specify whether years, months or days)

In this community 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 16/7
(If outside city or town limits, write "RURAL")

(d) Street No. 3307 Halliday 9
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Joseph Wetzler

3. (b) If veteran, name war XXXXXXXXX

3. (c) Social Security No.

4. Sex male O

5. Color or race white

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

6. (b) Name of husband or wife Susanna

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Sept. (Month) 29 (Day) 1873 (Year)

8. AGE: Years 73 | Months 4 | Days 6 | If less than one day hr. min.

9. Birthplace (City, town, or county) Hungary 4 (State or foreign country)

10. Usual occupation Yard man

11. Industry or business

FATHER
12. Name Ludwig Wetzler
13. Birthplace (City, town, or county) Hungary 4 (State or foreign country)

MOTHER
14. Maiden name not known
15. Birthplace (City, town, or county) Hungary 4 (State or foreign country)

16. (a) Informant Sussanna Wetzler
(b) Address 3307 Halliday

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-8-47 (Month) (Day) (Year)
(c) Place: burial or cremation N.S.S. Peter & Paul

18. (a) Signature of funeral director John L. Ziegenhein&Sons
(b) Address 7027 Gravois Ave.

19. (a) FEB 8 - 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5 year 1947 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from 11/7/46, 19..., to 2/5, 19 47, that I last saw him alive on 2/4, 19 47, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Carcinoma of Common Bile Duct — 3 Months

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 William Dunks (M. D. or other)

Address 3450 Gravois Date signed 2/8/47

(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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.