

No. 2
1/47
17-39

FILED MAR 11 1948

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2118**

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:
4205 Ellenwood
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**

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

(d) Street No. **4205 Ellenwood**
15 (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **BLANCHE E. WETTEROTH**

3. (b) If veteran, name war **None**

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **29**
year **1948** hour **10:05** minute **P. M.**

4. Sex **Female**

5. Color or race **White**

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

6. (b) Name of husband or wife **Frank F.**

6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased **Oct. 9 1878**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **6/13/47** to **2/29/48**
that I last saw **her** alive on **2/29/48**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
69 **4** **20** hr. min.

Immediate cause of death
Cerebral Hemorrhage
Hypertension
Myocarditis
Pneumonia - Bronch

Due to.....

Due to.....

Duration
6 weeks
5 years
2 years
4 days

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

Other conditions.....
(Include pregnancy within 3 months of death)

11. Industry or business.....

12. Name **Valentine Wolf**

13. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Amelia Harris**

15. Birthplace **England**
(City, town, or county) (State or foreign country)

Major findings:
Of operations **None**

Of autopsy **None**

PHYSICIAN
Underline the cause of which death should be charged statistically.

16. (a) Informant **Quentin Wetteroth**
(b) Address **4205 Ellenwood**

17. (a) **Cremation** (b) Date thereof **3-3-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

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.....

(c) Place: burial or cremation **Valhalla Crematory**

18. (a) Signature of funeral director **Kriegshauser Und. Co.**
(b) Address **4228 So. Kingshighway Bl.**

19. (a) **MAR 1 1948** (b) **J. J. Bredeck**
(Date received local registrar's certificate) (Registrar's signature)

23. Signature **John J. Hannelly** (M. D. ~~certified~~)
Address **5203 Phyllis** Date signed **3/1/48**

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

MOTHER FATHER

1203

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 *Edwin M Bennett*

Licensed Embalmer No. *3024*

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.