

FILED DEC 28 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43192
04699

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070 Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves	c. LENGTH OF STAY (In this place) 4 Years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	d. STREET ADDRESS (If rural, give location) 3114 Longfellow Blvd.
d. FULL NAME OF HOSPITAL OR INSTITUTION Glenwood Sanatorium			

3. NAME OF DECEASED (Type or Print) Emma		a. (First) Emma	b. (Middle) C	c. (Last) Wettengel	4. DATE OF DEATH (Month) (Day) (Year) Dec. 18 1949
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Oct. 1, 1872	9. AGE (In years last birthday) 77	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Pittsburgh, Pa	12. CITIZEN OF WHAT COUNTRY? U.S.	9. AGE (In years last birthday) 77	9. AGE (In years last birthday) 77

13a. FATHER'S NAME Chas. W. Wettengel	13b. MOTHER'S MAIDEN NAME Elizabeth Geyer	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS George A. Wettengel 5352 Queens Ave

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	DUE TO (c) Intestinal obstruction, partial (possibly cancerous in nature)		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Severe Psychosis	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	420.1

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Sept. 23, 1945**, to **Dec. 18, 1949**, that I last saw the deceased alive on **Dec. 18, 1949**, and that death occurred at **12:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Michael Lewis (Degree or title) M.D.	23b. ADDRESS Glenwood San - Webster Groves, Mo.	23c. DATE SIGNED 12-18-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 12-19-49	24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory
24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	24e. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math. Hermann & Son, Inc. 2161 E. Fair Ave	

DATE REC'D BY LOCAL REG. _____ REGISTRAR'S SIGNATURE _____ FUNERAL DIRECTOR'S SIGNATURE ADDRESS _____

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Harold G Burnley*.....

Licensed Embalmer No. *4303*.....

P. O. Address *St Louis 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, fact should be so stated above.