

FILED MAR 31 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11440

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **659**

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

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <del>St. Louis</del> Mo. b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>NORMANDY</b>	c. LENGTH OF STAY (in this place) <b>2 DAYS</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SAINT LOUIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>NORMANDY OSTEOPATHIC HOSP.</b>		d. STREET ADDRESS (If rural, give location) <b>3714 PALM ST.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b>	b. (Middle) <b>A.</b>	c. (Last) <b>WETZEL</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 13<sup>TH</sup> 1950</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>OCT. 26<sup>TH</sup> 1871</b>	9. AGE (In years last birthday) <b>78</b>	if UNDER 1 YEAR Day <b>4</b>	if UNDER 12 HRS. Hour <b>19</b>	Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED LETTER CARRIER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>U.S. POST OFFICE</b>	11. BIRTHPLACE (State or foreign country) <b>ST. LOUIS, Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>ADAM WETZEL</b>	13b. MOTHER'S MAIDEN NAME <b>EVE (UNKNOWN)</b>	14. NAME OF HUSBAND OR WIFE <b>LOUISE WETZEL NEE LEBER</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>UNKNOWN UNKNOWN</b>	16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT'S SIGNATURE OR NAME <b>LOUISE WETZEL, 3714 PALM ST. 7</b>	ADDRESS _____
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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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>15 years</b> <b>20 years</b> <b>59 1/2</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Nephritis</b> DUE TO (c) <b>Infirmitas of eye</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Secondary Anemia, Arteriosclerosis</b>			

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION <b>Not done</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **Jan 3, 1940**, to **March 13, 1950**, that I last saw the deceased alive on **March 13, 1950**, and that death occurred at **2:25 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>H.H. Hollmann</b> (Degree or title) <b>D.O.</b>	23b. ADDRESS <b>8731 Rivercrest</b>	23c. DATE SIGNED <b>3/14/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL (1)</b>	24b. DATE <b>3/16/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OAK GROVE CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS COUNTY, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>3-14-50</b>	REGISTRAR'S SIGNATURE <b>Herbert C. Womke MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>CALVIN F. FEUTZ</b>	ADDRESS <b>4828 NAT'L BRIDGE BLVD.</b>
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**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*John A. Meinar*

Signed .....  
Student Embalmer

Licensed Embalmer No. 4186

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.