

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25406**
Registrar's No. **6640**

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

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

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis</u> c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>1930 Provenchere Pl.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis</u> <u>2249</u> d. STREET ADDRESS (If rural, give location) <u>1930 Provenchere Pl.</u>	
3. NAME OF DECEASED a. (First) <u>Barbara</u> b. (Middle) c. (Last) <u>Wetzel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 3, 1950</u>	
5. SEX <u>Female</u> 6. COLOR OR RACE <u>White</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Apr. 9, 1871</u> 9. AGE (In years last birthday) <u>79</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> 10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>FULTS, ILLINOIS</u> 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Adgm Eigner</u> 13b. MOTHER'S MAIDEN NAME <u>Matilda Mayes</u> 14. NAME OF HUSBAND OR WIFE <u>Phillip Wetzel</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> 16. SOCIAL SECURITY NO. <u>No</u> 17. INFORMANT'S SIGNATURE OR NAME <u>Gertrude Mueller</u> ADDRESS <u>1930 Provenchere Pl.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Ischemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Asthma</u>	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) (Minute) _____ 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 21f. HOW DID INJURY OCCUR? <u>H2O</u>	
22. I hereby certify that I attended the deceased from <u>1947</u>, to <u>Aug 3</u>, 1950, that I last saw the deceased alive on <u>Aug 2</u>, 1950, and that death occurred at <u>5 a</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Emil G. Burst</u> (Degree or title) _____ 23b. ADDRESS <u>1901 Charbon</u> 23c. DATE SIGNED _____		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> 24b. DATE <u>Aug. 5, 1950</u> 24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus</u> 24d. LOCATION (City, town, or county) (State) <u>ST. Louis, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>AUG 4 1950</u> REGISTRAR'S SIGNATURE <u>J. B. Basster</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Will Bus. L. U.C.</u> ADDRESS <u>2929 S. Jefferson Ave.</u>	

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.....
Student Embalmer

Signed *J. 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.