

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

5. No. 300  
v. 10.48

REC'D JUL 31 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7032

1323

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis Mo.</u>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 No. 9</u>		d. STREET ADDRESS (If rural, give location) <u>25 5 No. 9</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mark</u> b. (Middle) <u>Vettersee</u> c. (Last) <u>Wettersee</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7 1 52</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED/NEVER MARRIED, WIDOWED/DIVORCED (Specify) <u>Divorced</u>	
8. DATE OF BIRTH <u>1901</u>		9. AGE (In years last birthday) <u>51</u>		10. IF UNDER 1 YEAR: Months Days 11. IF UNDER 100 HRS: Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>cook</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Mark</u>		13b. MOTHER'S MAIDEN NAME <u>Mark</u>	
14. NAME OF HUSBAND OR WIFE <u>Mark</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>Mark</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>T. C. Taylor</u>		18. ADDRESS <u>1300 York</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				Heat Stroke	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>over</u> <u>E9310</u>	
22. I hereby certify that I attended the deceased from _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, Mo., from the causes and on the date stated above. <u>22</u>					
23a. SIGNATURE <u>Dieta Grover</u> (Degree or title)				23b. ADDRESS <u>1300 York</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7-31-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	
24d. LOCATION (City, town, or county) (State); <u>St. Louis, MO.</u>		25. FROM THE PUBLIC HEALTH SERVICE ADDRESS <u>4104 Manchester Ave.</u>			

DATE REC'D BY LOCAL REG. <u>JUL 22 1952</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>		DATE SIGNED <u>7-28-52</u>	
9. or (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 \_\_\_\_\_

*Students of Mortuary College*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *James A. Lammers*

Licensed Embalmer No. *4142*

P. O. Address *St Louis*

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.