

FILED APR 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16363**
Registrar's No. **3897**

318

1003

BIRTH NO. _____

REG. DIST. NO. _____

PRIMARY REG. DIST. NO. _____

Registrar's No. _____

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 13 Dys.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves Missouri		4617
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital			d. STREET ADDRESS (If rural, give location) 425 So. Laclede Sta. Rd.		
3. NAME OF DECEASED (Type or Print) a. (First) Aurelia		b. (Middle) B.	c. (Last) Wetteroff	4. DATE OF DEATH (Month) (Day) (Year) Apr. 13 1953	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 4, 1896	9. AGE (In years) (last birthday) 56	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Registered Nurse		10b. KIND OF BUSINESS OR INDUSTRY Deaconess Hospital	11. BIRTHPLACE (City and State or Foreign Country) Jefferson City, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Henry Sterzen		13b. MOTHER'S MAIDEN NAME Mary Placht	14. NAME OF HUSBAND OR WIFE William D. Wetteroff		
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. 487-36-7729	17. INFORMANT'S SIGNATURE OR NAME William D. Wetteroff		
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rupture heart Coronary thrombosis Acute Anterior Myocardial Infarction DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dengrene, Entire Small Intestine due to Arterial Embolus Superior mesenteric arteries			INTERVAL BETWEEN ONSET AND DEATH 4-13-53 4-1-53 4-1-53 24 hrs
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (a.e., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR? 4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
22. I hereby certify that I attended the deceased from 4-1, 1953, to 4-13, 1953, that I last saw the deceased alive on 4-13, 1953, and that death occurred at 2:50P m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Albert H. Carson, M.D.			23b. ADDRESS 3606 Brown		23c. DATE SIGNED 4/14/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Apr. 16, 1953	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		
DATE REC'D BY LOCAL REG. APR 15 1953	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister Colonial Mortuary 5164 Chippewa St. St. Louis, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Elbert H. Cason,
3606 Gravois Ave.,
PR 0568

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.