

DATE AMENDED: 2
 INSTEAD OF: DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ: AFFIDAVIT OF

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8685 STATE FILE NUMBER -61-035105

FILED SEP 21 1961

1. PLACE OF DEATH
 a. COUNTY: _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: **St. Louis** Length of stay in 1b: **2 hours**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: **Deaconess Hospital** Inside Limits: Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE: **Missouri** b. COUNTY: _____
 c. CITY OR TOWN: **St. Louis** Inside Limits: Yes No
 d. STREET ADDRESS (If outside, give location): **3835 Holly Hills** Reside on Farm: Yes No

3. NAME OF DECEASED (Type or print) First Middle Last: **MINNIE MARIE WETTERAU** 4. DATE OF DEATH Month Day Year: **September 15 1961**

5. SEX: **female** 6. COLOR OR RACE: **white** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH: **2/6/1878** 9. AGE (last birthday): **83 years**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): **secretary** 10b. KIND OF BUSINESS OR INDUSTRY: **Grocery** 11. BIRTHPLACE (City and state or country): **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY: **U. S. A.**

13a. FATHER'S NAME: **George H. Wetterau** 13b. MOTHER'S MAIDEN NAME: **Christine Trautwein** 14. NAME OF HUSBAND OR WIFE: _____

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.: _____ 17. INFORMANT: **Theodore Wetterau - 32 Countryside Ln.** Address: _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Gangrene of ileum**
 DUE TO (b) **Herniation through omentum** INTERVAL BETWEEN ONSET AND DEATH: **2 days?**
 DUE TO (c) **561.4**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **10-11-48**, to **9-15-61** and last saw her/him alive on **9-1-561**.
 Death occurred at **4:20 p.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): **C. J. Mulvey M.D.** 22b. ADDRESS: **634 N. Grand Blvd.** 22c. DATE SIGNED: **9-16-61**

23a. BURIAL, CREMATION, REMOVAL (Specify): **Removal** 23b. DATE: **9/18/1961** 23c. NAME OF CEMETERY OR CREMATORY: **St. Paul's Churchyard** 23d. LOCATION (City, town, or county) (State): **St. Louis County, Missouri.**

24. FUNERAL DIRECTOR ADDRESS: **Harry A. Kraeger, 24 Chapel Hill** 25. DATE RECD. BY LOCAL REG.: **SEP 18 1961** 26. REGISTRAR'S SIGNATURE: **Loan Smith M.D.**

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 _____
Signature of Student Embalmer

Signed Harry E. Monroe

Licensed Embalmer No. 4495

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.