WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

JAN 23 1936

Do not use this space.

File No. 42044

Registered No. 429

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123

Township — Primary Registration District No. 6248B

City Jefferson Barracks (No. Veterans Administration Facility St. Ward)

2. FULL NAME WESSLING, Joseph A.

(a) Residence, No. 729 Lemay Ferry Road St., Ward. St. Louis County, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kno mos. wn ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Wessling

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 9, 1891

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
44	-	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stupp Bros. Iron Works

10. Date deceased last worked at this occupation (month and year) Unavailable

11. Total time (years) spent in this occupation Unavail.

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Unavailable

14. BIRTHPLACE (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) Unavailable

MOTHER

15. MAIDEN NAME Unavailable

16. BIRTHPLACE (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) Unavailable

17. INFORMANT A. W. Schulz, M.D.
(ADDRESS) Vet.Adm.Facility,Jeff.Brks.,Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Park Lawn Cem. DATE Dec. 19, 1935

19. UNDERTAKER C. Hoffmeister & Co.
(ADDRESS) 7814 So. Broadway

20. FILED Dec. 18, 1935 G. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from December 15, 1935 to December 15, 1935

I last saw him alive on December 15, 1935. Death is said to have occurred on the date stated above, at 8:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, bilateral	Unkn.

Other contributory causes of importance:
None

Name of operation None Date of
What test confirmed diagnosis? Autopsy Findings Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. W. Schulz, M.D., Act. Chief Med. M.D.
(Address) Officer, Jeff. Brks., Mo.