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

AUG 18 1936

Do not use this space.

29183

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. Mo. Baptist Hospital St. ..... Ward)

File No. .....

Registered No. 7946

2. FULL NAME George J. Wester

(a) Residence, No. 5579 Manchester St., 4 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maude Wester

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 23, 1885

7. AGE: Years 50 | Months 9 | Days 3 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery Store

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

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

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

FATHER

13. NAME John B. Wester

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

MOTHER

15. MAIDEN NAME Thecla Grotegweers

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

17. INFORMANT Mrs. Maude Wester
(ADDRESS) 5579 Manchester

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Peter & Paul DATE 7-29, 1936

19. UNDERTAKER Kriegshauser Mortuaries
(ADDRESS) 4228 So. Kingshighway

20. FILED JUL 27 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-26, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/5, 1936, to 7/26, 1936

I last saw him alive on 7/26, 1936. Death is said to have occurred on the date stated above, at 11:40A. M.

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

	Date of onset
Gastric Carcinoma	

Other contributory causes of importance: None

Name of operation Exp. Gastro Enterostomy Date of

What test confirmed diagnosis? Lab. Was there an autopsy? No

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) J. C. Fleischman, M. D.

(Address) 822 Century Bldg.

Dr Fleischmann
Century Bldg
Main 4276