

NOV 4 1936

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

Do not use this space.

39343

## 1. PLACE OF DEATH

City.....  
Township.....  
City St. Louis (No. 5029 Chippewa St. Registration District No. 791  
Primary Registration District No. 1003  
Registered No. 10378 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Charles F. Wesling

(a) Residence, No. 5029 Chippewa St. St. 14 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Genevieve Wesling</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 28, 1899</u>		
7. AGE	YEARS	MONTHS
	<u>37</u>	<u>7</u>
		DAYS
		<u>15</u>
		If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Service Man</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Mechanical Ref.</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.,  
(STATE OR COUNTRY)13. NAME Charles Wesling14. BIRTHPLACE (CITY OR TOWN) Cincinnati Ohio.  
(STATE OR COUNTRY)15. MAIDEN NAME Catherine Corcoran16. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.,  
(STATE OR COUNTRY)17. INFORMANT Genevieve Wesling  
(ADDRESS) 5029 Chippewa St.18. BURIAL, CREMATION, OR REMOVAL  
PLACE Calvary DATE 10-17-36 1919. UNDERTAKER Kriegshauser Mortuaries  
(ADDRESS) 4228 So Kinghighway St20. FILED OCT 15 1936  
J. F. Bredeck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-13-36 1922. I HEREBY CERTIFY, That I attended deceased from Oct 7 1936, to Oct 12 1936I last saw him alive on Oct 11 1936. Death is saidto have occurred on the date stated above, at 11:15 A.M.

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

Valvular heart disease  
mitral stenosis  
Date of onset 11 yrsOther contributory causes of importance:  
None

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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? YesIf so, specify Exposure to sulfur hexafluoride "SF6"(Signed) W. Beumerton M. D.(Address) 1117 2 Grand

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.

WHITE PERMET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr. Kerner. ~~Dr.~~ 1117 N. Wood. 2-4.