

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

Do not use this space.

**1. PLACE OF DEATH** *JUN 12 1937*  
 County \_\_\_\_\_ Registration District No. **791**  
 Township \_\_\_\_\_ Primary Registration District No. **1003**  
 City **St. Louis,** (No. **Luthern Hosp.**) St. \_\_\_\_\_ Ward \_\_\_\_\_  
**2. FULL NAME** **Jessie E. Wessel**  
 (a) Residence, No. **3427a Ohio Ave.** St. **24** Ward \_\_\_\_\_  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

File No. **18419**  
 Registered No. **4995**

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Female **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** L. E. Wessel

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** Sept. 15th, 1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hra. or .....min.
	67	8	0	

**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** House-work  
**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.** at home  
**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)** Illinois

**FATHER**  
**13. NAME** Jos. Lacy  
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Kentucky

**MOTHER**  
**15. MAIDEN NAME** Anna Clover  
**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Illinois

**17. INFORMANT** E. O. Wessel  
 (ADDRESS) 3427 Ohio Ave.

**18. BURIAL, CREMATION, OR REMOVAL**  
 PLACE **Mo. Crematory** DATE **May 18th, 1937**

**19. UNDERTAKER** William Schumacher  
 (ADDRESS) 3013 Meramec Street

**20. FILER** *J. P. Bredeck*  
 (ADDRESS) \_\_\_\_\_  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** May 15th, 1937

**22. I HEREBY CERTIFY**, That I attended deceased from *April 29*, 1937, to *May 15*, 1937. I last saw her alive on *May 14*, 1937. Death is said to have occurred on the date stated above, at **10/10am**. The principal cause of death and related causes of importance were as follows:  
*Cholelithiasis (Stone in Common Duct in Hepatic Duct)*  
 Other contributory causes of importance: \_\_\_\_\_  
 Name of operation *Cholecystectomy* Date of *May 14*  
 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? \_\_\_\_\_ 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) *L. H. Kaufmann* M. D.  
 (Address) *247 Brunswick Bldg.*

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.

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**MAY 17 1937**

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