

REC'D APR 20 1938

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

11295
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 470
(b) Township McC. Union Primary Registration District No. 15633
(c) City St. Vernon Mo (d) Street No. Missouri State Jan St. St. Vernon Mo
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. 10 mos. 5 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 34

2. PRINT FULL NAME

Wesley Lee Tola 1160
(a) Residence, No. 4259 Cote Brillante St. St. Louis Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 20, 1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
19 4 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) May 1937 11. Total time (years) spent in this occupation

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

FATHER 13. NAME Joseph Gladstone Tola
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo

MOTHER 15. MAIDEN NAME Jean Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo

17. INFORMANT (ADDRESS) Eme, Michael Reed Clark Missouri State Jan

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 3/25 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Charles J. Water 4107 Ramsey Ave St Louis

20. FILED March 22 1938 P. A. Holmes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 22 1938

I HEREBY CERTIFY, That I attended deceased from July 18 1937, to Mar 22 1938

I last saw h. i. m. alive on Mar 21 1938. Death is said to have occurred on the date stated above, at 5:55 a.m.

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

Pulmonary tuberculosis Date of onset May 1937

Other contributory causes of importance: 73 in

Name of operation none Date of none
What test confirmed diagnosis? Sputum Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none Date of injury none, 1938

Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify none

(Signed) J. A. Stocker M. D.
St. Vernon (Address)

FEB 28 1947

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,

James A. Johnson

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

James A. Johnson

Licensed Embalmer No. *3511*

P. O. Address *4107 Finney Ave 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 this body is not embalmed, above space should be left blank.