CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 12 1938

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

37729
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 10056
(c) City St Louis (d) Street No. 4937 Harney Av. St.
(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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 240 Margaret Wessel
(a) Residence, No. 4937 Harney Av. St. 7
(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: Female
4. COLOR OR RACE: White
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) Aug. 10 - 1913
7. AGE: YEARS 25 MONTHS 3 DAYS 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shirt Maker
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)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Hy. Wessel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis O

MOTHER
15. MAIDEN NAME Cath. Brummel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis O

17. INFORMANT (ADDRESS) Hy Wessel 4937 Harney Av.
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Nov. 23, 1938
19. FUNERAL DIRECTOR (NAME) Bromschwig Und. Co (ADDRESS) 4746 St. Florissant Av
20. FILED NOV 21 1938 J F Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov - 20th, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1936, to Nov. 20th, 1938
I last saw her alive on Nov. 20th, 1938 Death is said to have occurred on the date stated above, at 2:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Lyr Sid)	11/17/38
Other contributory causes of importance: Chronic Valvular Endocarditis (Mitral Stenosis)	1933.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? No.
If so, specify .....
(Signed) John B. Killarney, M. D.
(Address) 5373 N. Union Blvd. St. Louis, Mo

(Licensed Embalmer's Statement on Reverse Side)

Sgt. Wilkinson
5373 N. Hoover

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, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Guy W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.