

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

309
Do not use this space.

REC'D FEB 10 1939

791
1003

309

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis (d) Street No. 1439 Goodfellow Blvd. 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Lizzie Weseloh

(a) Residence, No. 1439 Goodfellow Ave. St. 6
 (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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9th, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
75 6 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Missouri

FATHER 13. NAME Frederick Willmers

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

MOTHER 15. MAIDEN NAME Mary Meyer

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

17. INFORMANT (ADDRESS) John J. Weseloh
1439 Goodfellow Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany Cem. DATE Jan. 11th, 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wachmann Varial
1905 Union Blvd.

20. FILED JAN 10 1939 19 J. B. Radtch
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 8th 1939

22. I HEREBY CERTIFY, That I attended deceased from 6/30, 1928, to 1/8th, 1939

I last saw her alive on 1/8th, 1939. Death is said to have occurred on the date stated above, at 11:55 P.M.
 The principal cause of death and related causes of importance were as follows:

Acute nephritis
Chr. Nephritis
Chr. Myocarditis

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis? clinical findings 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? no
 If so, specify (Signed) Jessie A. Sullivan M. D.
 (Address) 2864 1/2 Union Pl.

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.

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 R. M. Sanford

Licensed Embalmer No. 2273

P. O. Address Staves

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.