

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.

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

7639  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Charles Registration District No. 757  
 (b) Township St. Charles Primary Registration District No. 3036 Registered No. 74  
 or St. Charles  
 (c) City St. Charles (d) Street No. St. Joseph Hospital 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

(a) Residence, No. 300 John Henry Wesley St. St. Charles County 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31-1875

7. AGE YEARS 63 MONTHS 10 DAYS 15 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

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 Life

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

13. NAME Wm. Wesley

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

15. MAIDEN NAME Fredericka Cessenbrink

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln County Mo

17. INFORMANT (ADDRESS) Elmer Wesley  
St. Charles County Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. John's Cemetery DATE Feb 18th 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. G. Palmer & Co  
St. Charles Mo

20. FILED 2/17 1939 Clarence H. Wesley  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16th 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 1939 to Feb 16 1939

Last saw him alive on Feb 16 1939 Death is said to have occurred on the date stated above, at 8:15 a. m.

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

acute intestinal obstruction Date of onset

Other contributory causes of importance: 46  
Acute Coronary Artery Sigmoid

Name of operation Enterostomy Date of Feb 14-39  
What test confirmed diagnosis? Autopsy 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? no  
If so, specify

(Signed) Vincent A. Schmidt, M. D.  
679 (Address) St. Charles Mo

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**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.....

Licensed Embalmer No.....

P. O. Address.....

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

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