DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
REC'D AUG 11 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24058

Registration District No. 791 1003 Primary Registration District No. Registrar's No. 6331

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 13 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town ST LOUIS (If outside city or town limits, write "RURAL") 26

(d) Street No. 2116 N. 14th ST. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Cora Wessler 246

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife WILLIAM

6. (c) Age of husband or wife if alive DEAD years

7. Birth date of deceased MAR. 10 — 1868 (Month) (Day) (Year)

8. AGE: Years 71 Months 4 Days 6 If less than one day hr. min.

9. Birthplace ST. CHARLES (City, town, or county) MO (State or foreign country)

10. Usual occupation HOUSEWORK.

11. Industry or business HOME

FATHER 12. Name UNNOWN

13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name UNKNOWN

15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant's own signature ARCIE HIGGINS

(b) Address 2116 N. 14th ST.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 19-39 (Month) (Day) (Year)

(c) Place: burial or cremation CALVERY CEM.

18. (a) Signature of funeral director Jos. B. Fendler Jr

(b) Address 7128 Michigan Av.

19. (a) JUL 18 1939 (Date received local registrar) (b) J. F. Bredel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 16 day July year 1939 hour 10:50 minute A. M.

21. I hereby certify that I attended the deceased from 7/4/39, 19..., to 7/16/39, 19..., that I last saw her alive on 7/16, 19 39, and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia, Stat. — Duration

Due to Cellulitis of leg caused by erysipelas Cellulitis of some unknown

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature L. J. Rumbold M.D. (M. D. or other)

Address City Hospital Date signed 7-17-39

(Licensed Embalmer's Statement on Reverse Side)

WHITE LABEL—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

I X19511

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 Jos. P. Fendler - Jo

Licensed Embalmer No. 925

P. O. Address St Louis.

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

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