DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30888

Registrar's No. 7951

Registration District No. 791 1003

Primary Registration District No.

SEP 14 1939

1. PLACE OF DEATH:

(a) County 1

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 1

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2022A Palm St.
(If rural, give location)

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

3. (a) PRINT FULL NAME James F. Wissler 246

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife mayme

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased April (Month) 16 (Day) 1886 (Year)

8. AGE: Years 53 Months 4 Days 27 If less than one day hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business W. P. A.

FATHER
12. Name Daniel Wissler
13. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Mc. Grail
15. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Mayme Wissler
(b) Address 2022A Palm St.

17. (a) Calvary Cemetery (Burial, cremation, or removal) (b) Date thereof Sept 16 1939 (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis Mo.

18. (a) Signature of funeral director James J. Cullinane
(b) Address 1710 N. Grand

19. (a) SEP 13 1939 (Date received local registrar) (b) J. F. Bullock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13 year 1939 hour 2 minute 15 P M.

21. I hereby certify that I attended the deceased from Sept 2, 1939, to Sept 13, 1939 that I last saw him alive on Sept 13, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bowel obstruction	11 days
Due to Carcinoma of Colon	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Ca of Colon + obstruction

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? 1 (Specify type of place)
While at work? (e) Means of injury

23. Signature W. P. Hamilton (M. D. or other) MD
Address 8363 Halls Ferry Date signed Sept 14-39

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PERFECT—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Howard G. Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis M

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.