FILED APR 15 1940

V. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8796

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2279

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Firmin Desloge 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 Missouri (b) County

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

(d) Street No. 1600 S. Compton
(If rural, give location)

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

3. (a) PRINT FULL NAME Louis Wessbecher

3. (b) If veteran, name war

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 Anna Wessbecher

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased November (Month) 10 (Day) 1856 (Year)

8. AGE: Years 83 Months 3 Days 24 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany (State or foreign country)

10. Usual occupation Architect

11. Industry or business

FATHER
12. Name Vital Wessbecher
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Elizabeth Scheck
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Anna Wessbecher
(b) Address 1600 S. Compton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/40 (Month) (Day) (Year)
(c) Place: burial or cremation Old SS Peter & Paul

18. (a) Signature of funeral director E. J. Schnur
(b) Address E. J. Schnur 3123 Lafayette

19. (a) MAR 7 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5 year 1940 hour 10:00 minute P M.

21. I hereby certify that I attended the deceased from Feb 23, 1940, to Mar 5, 1940; that I last saw him alive on Mar 5/40, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death

Due to arterial sclerosis

Due to

Other conditions asthenic pneumonia
(Include pregnancy within 3 months of death)
hypostatic Unspecified

Major findings:
Of operations

Of autopsy arterial sclerosis asthenic pneumonia

Duration

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 [signature] (M. D. or other)
Address 3206 Lafayette Date signed Mar 6/40

(Licensed Embalmer's Statement on Reverse Side)

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 B Wollner

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave.

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.