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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13140

FILED MAY 15 1940

Registration District No. 701 Primary Registration District No. 1003 Registrar's No. 3342

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

1. PLACE OF DEATH:

(a) County St Louis

(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: BARNES HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 29 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis Co

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

(d) Street No. 6811 University Drive (If rural, give location)

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

3. (a) PRINT FULL NAME Theodore Thomas Weslick 242

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Katherine

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased December 4, 1903 (Month) (Day) (Year)

8. AGE: Years 36 Months 4 Days 6 If less than one day hr. min.

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

10. Usual occupation Foreman

11. Industry or business Post Office

FATHER 12. Name John Weslick

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

MOTHER 14. Maiden name Sarah Dowling

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

16. (a) Informant Katherine Weslick

(b) Address 6811 University Drive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/13/40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) APR 12 1940 (Date received local registrar) (b) [illegible] (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 year 1940 hour 9:10 minute P M.

21. I hereby certify that I attended the deceased from March 12, 1940, to April 10, 1940, that I last saw him alive on April 10, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Acute Hemorrhagic Nephritis

Cirrhosis of the Liver

Due to Thrombophlebitis of Portal Vein

Thrombophlebitis of Pulmonary Vein

Due to Pulmonary Infarction

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 Russell [illegible] (M. D. or other)

Address BARNES HOSPITAL Date signed

(Licensed Embalmer's Statement on Reverse Side)

A. [illegible]

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 Florenz Eynck

Licensed Embalmer No. 1284

P. O. Address St Louis Mo

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.