

Registration District No. 791

Primary Registration District No. 1003

State File No.

Registrar's No. 3775

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: 3442a Utah Ave.
(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 50 Years

3. (a) PRINT FULL NAME Mr. Frank Wessel

3. (b) If veteran, name war _____

3. (c) Social Security No. No number

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Bertha Pachinger

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

7. Birth date of deceased Sept 12, 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78 7 19 hr. min.

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

10. Usual occupation Superintendant of Carpenters

11. Industry or business St. Louis School Board

MOTHER FATHER

12. Name Frank Wessel

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

14. Maiden name Elizabeth Stahlschmidt

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

16. (a) Informant Wm F. Richter

(b) Address 3442a Utah Ave.

17. (a) Cremation (b) Date thereof May 3, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Beiderwieden Fun., Home

(b) Address 1936 St. Louis Ave.

19. (a) MAY 3 1941 (b) J. J. Bruch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 1617
(If outside city or town limits, write "RURAL")

(d) Street No. 3442a Utah Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A. 50 Years 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st
year 1941 hour 8 minute 50 p. M.

21. I hereby certify that I attended the deceased from April 14th
1939 to May 1st 1941;

that I last saw him alive on April 20 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to 5/1/41

Due to _____

Other conditions Carcinoma of Prostate
(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Peter Beck MD (M. D. or other) _____
Address 4701 St Louis Ave Date signed 5/2/41

Dr. P. A. Eck
4701 St. Louis

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Licensed Embalmer No.

P. O. Address.....

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, fact should be so stated above.