

Registration District No. 791

Primary Registration District No. ....

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2854 Wyoming  
(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)

3. (a) PRINT FULL NAME John Wessel

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ida Wessel 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 25 1858  
(Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Frederick Wessel  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Speckenbring  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Henry Ritter  
(b) Address 3445a Klock

17. (a) Burial (Burial, cremation, or removal) Burial (b) Date thereof 1/16/42  
(Month) (Day) (Year)  
(c) Place: burial or cremation New Hanover, Ill

18. (a) Signature of funeral director Selumacher Bros.  
(b) Address 3013 Meramec

19. (a) JAN 15 1942 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 24  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2854 Wyoming  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13  
year 1942 hour 5.00 minute P. M.

21. I hereby certify that I attended the deceased from 37 Jan. 13 1942  
that I last saw him alive on Jan. 13 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Chronic Myocarditis 1 Years  
Auricular fibrillation  
Due to Uremia  
Arteriosclerosis

Due to Benign hypertrophy of prostate 3 yrs.

Other conditions (Include pregnancy within 9 months of death) \_\_\_\_\_  
Major findings: Of operations 930  
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)  
Means of injury 3  
23. Signature Selam & Wasto (M. D. or other) M.D.  
Address 3723 S. Kings Highway St. Date signed 1/14/42

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

STATE OF MISSISSIPPI  
DEPARTMENT OF HEALTH

Mr. F. S. Howells  
3723 S. 8. Thompsonway  
FR 1600 / 2 2 1911

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 George J. Orsambault Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed George J. Orsambault

Licensed Embalmer No. 2906

P. O. Address 3013 Meunier

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.