S. No. 2
M—5-42
v. 5-17-39
1 X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 14 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29286

Primary Registration District No. 1003

Registrar's No. 8187

1. PLACE OF DEATH:

(a) County

(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: City Sanitarium D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 mos. 10 ds (Specify whether years, months or days)
In this community 60yrs. 6mos. 26ds.

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. 4065 Fillmore St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ERNEST WESS

3. (b) If veteran, name war –

3. (c) Social Security No. 492-01-2761.

4. Sex Male D

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased March (Month) 5, (Day) 1882 (Year)

8. AGE: Years 60 Months 6 Days 26 If less than one day hr. min.

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

10. Usual occupation Shoe Worker

11. Industry or business Shoe Factory

MOTHER FATHER

12. Name Charles Wess

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

14. Maiden name Marie Christina Jackson

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

16. (a) Informant Bertha S. Wess

(b) Address 4065 Fillmore

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 5th, 1942. (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery.

18. (a) Signature of funeral director Ziegenhein Bros.

(b) Address 6408 Gravois Ave.

19. (a) OCT 3 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1, year 1942 hour 7:15 minute A. M.

21. I hereby certify that I attended the deceased from 7-1-42, 19..., to 10-1-42, 19...; that I last saw him alive on 10-1-42, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio Vascular Syphilis	3 yrs. x
Due to: Paresis	3 yrs. x
Due to:	
Other conditions (Include pregnancy within 3 months of death): Osteomyelitis of Mandible	3 mos.

PHYSICIAN

Major findings:
Of operations

Of autopsy Yes

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 Stanley S. Nemec (M. D. or other) M.D.

Address 5400 Arsenal St. Date signed 10/1/42

(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 V C Morris

Licensed Embalmer No. 3360

P. O. Address 6409 Gravois

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.