No. 2
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5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

42116

State File No. 0

Registration District No. 184 Primary Registration District No. 109 Registrar's No. 2559

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Maplewood Nursing Home 4
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 000 13
(c) City or town St Louis 0
(If outside city or town limits, write "RURAL")
(d) Street No. 1412 Salisbury Str
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) /
If yes, name country

3. (a) PRINT FULL NAME Frnces Elizabeth Wessel
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 8 Th (Day) 1876 (Year)
8. AGE: Years 66 Months 3 Days 29 If less than one day hr. min.
9. Birthplace St Louis Mo 0 (City, town, or county) (State or foreign country)
10. Usual occupation Housework At Home
11. Industry or business
FATHER
12. Name Joseph Wessel
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Genevieve Piepenbreier
15. Birthplace St Charles Mo 0 (City, town, or county) (State or foreign country)
16. (a) Informant George Wessel
(b) Address 1412 Salisbury 1942
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec (Month) 10 (Day) Th (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Edward Korb
(b) Address 3516 N 14 Th Str
19. (a) DEC 7 1942 (Date received by local registrar) (b) C. H. McFaron MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6th. year 1942 hour 10 minute A M.
21. I hereby certify that I attended the deceased from About 2 wks. 19__, to Dec. 5th. 1942 19__; that I last saw her alive on Dec. 5, 1942 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Endocarditis	
Due to: Chronic Arthritis & Paralysis	
Due to:	
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 Theo. J. Riel (M. D. or other)
Address 7465 Hazel, Maplewood, Date signed 12/1/42

(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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 7327 Lemay Ferry Rd.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.