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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 13 1943

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 3

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

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
401 North Fourth St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Lifetime years, months or days)

3. (a) PRINT FULL NAME Bernard Wessler

3. (b) If veteran, name war No.

3. (c) Social Security No. 488-16-7368

4. Sex Male

5. Color or Race White

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

6. (b) Name of husband or wife Mary Austerschmidt

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased February 14 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>10</u>	<u>20</u>	hr. _____ min.

9. Birthplace St. Charles Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business American Car & Foundry Co

12. Name Frederick Wessler

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

14. Maiden name Caroline Winkelmeyer

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

16. (a) Informant Mrs. Mary Wessler

(b) Address 401 N. 4th-St. Charles, Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Jan. 7-1943
(Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem., St. Charles, Mo.

18. (a) Signature of funeral director H. C. Dalrymple, Jr. Sec. 1

(b) Address 301 N. Second, St. Charles, Mo.

19. (a) 1-4-43
(Date received local registrar)

(b) Clarence G. Wessler
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

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

(d) Street No. 401 North Fourth St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4
year 1943 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from December 7
1940 to January 4 1943;
that I last saw him alive on January 4 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of esophagus

Due to —

Due to —

Other conditions generalized arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

22. If death was due to external causes, fill in the following: no

(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 George E. Kiehl (M. D. or other) MD

Address St. Charles, Mo. Date signed 1/8/43

Duration 6 mos?

PHYSICIAN —

Underline the cause to which death should be charged statistically.

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(Licensed Embalmer's Statement on Reverse Side)

MAR 14 1946

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 John E. Hallmeyer

Licensed Embalmer No. 2957

P. O. Address St Charles Mo

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.