

S. No. 2
M-5-43
v. 5-17-39
1 X34671

FILED MAR 20 1944 8

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 2318

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:
City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 1 Day years, months or days)

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. 606 Hickory St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Henry L. Wessels

3. (b) If veteran, name war *****

3. (c) Social Security No. *****

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5th day March
year 1944 hour 7:10 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, 2 divorced Widower

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

7. Birth date of deceased November 1 1870
(Month) (Day) (Year)

Immediate cause of death _____

Cerebral Apoplexy

Due to W.M.A?

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>4</u>	<u>4</u>	_____ hr. _____ min.

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.

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

10. Usual occupation Carpenter

11. Industry or business Unemployed

MOTHER FATHER { 12. Name Henry Wessels

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

14. Maiden name Mary Ruetter

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

16. (a) Informant Margaret Wessels

(b) Address 816 E. Central Av Alubuerque N. Me

17. (a) Burial (b) Date thereof March 10 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Petz Brothers

(b) Address 3029 Lafayette Ave

19. (a) MAR 9 1944 (Date received local registrar)

J. F. Brudick (Registrar's signature)

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? _____ (Specify type of place)

Means of injury _____

23. Signature W. J. Perry (M. D. or other) _____
Date signed 3/8/44

you found to be falsified)

1954

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

Frank J. Quinn

Licensed Embalmer No. *2245*

P. O. Address *Polk, 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.