

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22730

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

State File No. \_\_\_\_\_

Registrar's No. **5878**

**318**

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

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:  
2145 College Ave. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 70 Years.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 064  
(c) City or town St. Louis 179  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2145 College Ave. 9  
(If rural, give location)  
(e) Citizen of foreign country? No 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Henry Wesemann

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Katherine Wesemann 6. (c) Age of husband or wife if alive 84 years  
7. Birth date of deceased April 23, 1861  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5  
year 1945 hour 3 minute P M.  
21. I hereby certify that I attended the deceased from June 20, 1945, to July 5, 1945  
that I last saw him alive on June 23, 1945  
and that death occurred on the day and hour stated above.

Immediate cause of death Coronary Sclerosis

Due to arteriosclerosis  
Due to senility

Other conditions (Include pregnancy within 3 months of death) PH

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_

Duration \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day  
84 2 12 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Carpenter

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

MOTHER, FATHER { 12. Name Frederick Wesemann  
13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Katherine Wansing  
15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Katherine Wesemann  
(b) Address 2145 College Ave.

17. (a) Burial (b) Date thereof 7/9/45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director M. A. Stork  
(b) Address 2117 E. Grand Blvd.

19. (a) Jul 6 1945 (b) \_\_\_\_\_  
(Date received local registrar) (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?

While at work \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature J. E. ... (M.D. or other)  
Address 205 W. ... Date signed 7/6/45

**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 A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

**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.**

Registration District No. 318

Primary Registration District No. 1003

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(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:

(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 Henry W. Reseman

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

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

7. Birth date of deceased: Apr. 20 (Month) (Day) (Year)

8. AGE: Years 84 Months 2 Days 3 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) JUL 31 1945 (Date received local registrar) J. F. Breuch (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

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

(d) Street No..... (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Year 1945 Hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... to....., 19.....; that I last saw him..... alive on..... and that death occurred on the date and hour stated above. Immediate cause of death.....

Duration

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations.....

Of autopsy.....

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) (e) Means of injury.....

23. Signature..... (M. D. or other).....

Address..... Date signed.....

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

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SUPPLEMENTARY

S-22730