S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
Date Received JAN 11 1946

FILED JAN 11 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40998

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 301

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:
1527 East High Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 62
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Jefferson City 5
(If outside city or town limits, write "RURAL")

(d) Street No. 1527 East High Street 4
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME August W. Wuelser

3. (b) If veteran, name war

3. (c) Social Security No. 488-28-1343

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Louise Wuelser

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased November (Month) 19 (Day) 1883 (Year)

8. AGE: Years 62 Months 1 Days 10 If less than one day hr. min.

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

10. Usual occupation Machnist

11. Industry or business

FATHER
12. Name Nick Wuelser
13. Birthplace Cole County, Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Laura Goetschel
15. Birthplace Cole County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence W Wuelser
(b) Address Jefferson City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec-31-1945 (Month) (Day) (Year)
(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Leroy J. Gordon
(b) Address Jefferson City, Missouri

19. (a) 1-3-46 (Date received local registrar) (b) R. R. Darris MD (Registrar's signature) NR

1431

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29th day Dec
year 1945 hour 1 minute 55 AM

21. I hereby certify that I attended the deceased from dead when viewed, 19
that I last saw h alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis — Duration suddenly

Due to complained of burning pain around his heart

Due to before he died according to his wife's testimony

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

946

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 J. T. Leslie 3 (M. D. or other) Coronor

Address Jeff City Mo. Date signed 12-29-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 1-10-46

FEB 27 1949

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 Thorpe J. Gordon

Licensed Embalmer No. 1986

P. O. Address Jefferson City 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.