

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:
St. Joseph
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 1/2 days
(Specify whether
 In this community Life time
years, months or days)

3. (a) PRINT FULL NAME George F. Wessler

3. (b) If veteran, name war NIL 3. (c) Social Security No. 488-16-7440

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Carolina (Schneidermeyer) 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased April 15, 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>6</u>	<u>7</u>	hr. _____ min.

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

10. Usual occupation Painter

11. Industry or business American Car & Fdy Co

12. Name Fritz Wessler 13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Carolina Winkelmeier

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

16. (a) Informant Mrs. Carolina Wessler

(b) Address 1112 N. 4th--St. Charles, Mo.

17. (a) burial (b) Date thereof Oct 24-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director H. C. Dallmeyer & Sons Co

(b) Address 800 N. 2nd-St. Charles, Mo.

19. (a) Oct 25/46 (b) Francis Hamilton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
 (c) City or town St. Charles 9th Street
(If outside city or town limits, write "RURAL")
 (d) Street No. 1112 N. Fourth Street
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 22nd day October
 year 1946 hour 8:20 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 10, 1943 to Oct. 22, 1946
 that I last saw him alive on Oct. 22, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Duration 2 day
 Due to Chronic Coronary Arteriosclerosis ?
 Due to Hypertensive Heart Disease ?
 Other conditions Arteriosclerosis ?
(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?

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
 Address [Signature] Date signed 10-23-46

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

2
4
3

92
9
3
0

MOTHER FATHER

244

~~Date Filed 10/29/46~~

~~District File Number~~

District Health Officer No. 9,

RECEIVED

MAY 16 1951

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 *Joseph I Landolt*
Licensed Embalmer No. *4189*

P. O. Address: *St. Louis*

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.