

No. 2
12-45
-17-39

DEPARTMENT OF COMMERCE
FILED DEC 23 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43092

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10939**

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:
4455 NEBRASKA AV.
(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)

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. **4455 NEBRASKA AV.**
(If rural, give location)

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

3. (a) PRINT FULL NAME **ANNA WESSBECHER**

3. (b) If veteran, name war **NO**

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

4. Sex **FEMALE** 5. Color or race **WHITE**

6. (a) ~~Single~~ widowed, married, divorced **WIDOW**

6. (b) Name of husband or wife **LOUIS WESSBECHER**

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

7. Birth date of deceased **JUNE 1 1866**
(Month) (Day) (Year)

8. AGE: Years **80** Months **6** Days **18**
If less than one day _____ hr. _____ min.

9. Birthplace **ST. LOUIS MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation **NIL**

MOTHER FATHER

11. Industry or business _____

12. Name **RALPH WESSBECHER**

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

14. Maiden name **VICTORIA UNKNOWN**

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

16. (a) Informant **Hildegard Wessbecher**

(b) Address **4455 NEBRASKA AV.**

17. (a) **Burial** (b) Date thereof **Dec - 27 46**
(Burial, cremation, or removed) (Month) (Day) (Year)

(c) Place: burial or cremation **OLD S.S. Peter & Paul**

18. (a) Signature of funeral director **E. J. Schur**

(b) Address **3125 Lafayette Ave**

19. (a) **DEC 21 1946** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **19**
year **1946** hour _____ minute **6** P.M.

21. I hereby certify that I attended the deceased from **Dec 19 1946**
to **Dec 19 1946**
that I last saw her alive on **about Dec 19 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Heart Dilatation**

Due to **Chronic Myocarditis**
I treated her many years she
spells of heart failure & weakness
to die and live

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

Major findings: Of operations _____

Of autopsy **[Signature]**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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 **3206 Lafayette Ave** Date signed **Dec/46**

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 B. Vollmer

Licensed Embalmer No.

1014

P. O. Address

St Louis 4 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.