S. No. 2
I—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 11 1947 318

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 33140
Registrar's No. 9197

WRITE PLAINLY—USING 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: 2057 Blendon Place
(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 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2057 Blendon Place 9
(If rural, give location)
(e) Citizen of foreign country? 4 (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Edwin H. Wesseler
3. (b) If veteran, name war
3. (c) Social Security No. 334-03-1777
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leatha Wesseler
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased 2/19/1892 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
55	7	14	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)
10. Usual occupation Engineer
11. Industry or business Natioal Lead Co
FATHER
12. Name F. W. Wesseler
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name Sophia Spleets
15. Birthplace (City, town, or county) USA 1 (State or foreign country)
16. (a) Informant Leatha Wesseler
(b) Address 2057 Blendon Pl
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/6/47 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery
18. (a) Signature of funeral director Robert D. Ambruster Inc
(b) Address 6633 Clayton Road
19. (a) OCT 3 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3rd year 1947 hour 5.30 minute A M.
21. I hereby certify that I attended the deceased from 10/2/47 1947, to 10/3/47 1947; that I last saw him alive on 10/3/ 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	18 hrs
Due to Arteriosclerotic Heart Deseasee	Yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 0
23. Signature Elsworth A. Whitney M. D. or other M. D.
Address 204 E. Big Bend Date signed 10/3/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, 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.