No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 9 1948

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 3215

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 922

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: 7143 Winona Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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. 7143 Winona Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Dwight C. Wassell
3. (b) If veteran, name war
3. (c) Social Security No. 492-05-7950
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertha
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased May (Month) 11 (Day) 1902 (Year)
8. AGE: Years 45 Months 8 Days 17 If less than one day hr. min.
9. Birthplace Ill. (City, town, or county) (State or foreign country)
10. Usual occupation Salesman.
11. Industry or business Sporting Goods
FATHER 12. Name James C. Wassell
13. Birthplace Ill. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Elizabeth Brown
15. Birthplace Ill. (City, town, or county) (State or foreign country)
16. (a) Informant Bertha Wassell
(b) Address 7143 Winona Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-31-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Lebanon
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Rd.
19. (a) JAN 29 1948 (Date received local registrar) (b) J. J. Bruscek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28 year 1948 hour 9 minute 30 P.M.
21. I hereby certify that I attended the deceased from July 1, 1945 to Jan. 28 1948; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Coronary Thrombosis. | 1 hour |
| Due to ~~Generalized Arterio~~ Hypertensive Cardio-Vascular Disease | 3 years |
| 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
23. Signature John Young M.D. (M. D. or other)
Address 671 E Big Bend Rd. Date signed 1/29/48
Webster Groves, Mo.

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 H. E. Burgess

Licensed Embalmer No. 4029

P. O. Address.....

**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.**