S. No. 300
10-48

FILED AUG 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25802

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2809

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bellefontaine Neighbors
c. LENGTH OF STAY (In this place): 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bellefontaine Neighbors - St. Louis
d. STREET ADDRESS (If rural, give location): 10695 Bellefontaine Road #020

3. NAME OF DECEASED (Type or Print): a. (First) ROBERT b. (Middle) GEORGE c. (Last) WESSELS

4. DATE OF DEATH (Month) 7 (Day) 31 (Year) 1951

5. SEX male **6. COLOR OR RACE** white **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) single

8. DATE OF BIRTH 2-22-1928 **9. AGE** (In years last birthday) 23 — IF UNDER 1 YEAR: Months 5 Days 6 — IF UNDER 24 HRS.: Hours 12 Min. 40

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): St. Louis Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Herman Wessels
13b. MOTHER'S MAIDEN NAME: Josephine Ritter
14. NAME OF HUSBAND OR WIFE: X

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S SIGNATURE OR NAME: Records of St. Louis State Training School **ADDRESS**: 10695 Belle

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Heat Prostration — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Failure of the peripheral circulation
DUE TO (c) E9317

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Congenital mental deficiency 22 — since birth

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 400
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-20- 1951, *to* 7-31, 1951, *that I last saw the deceased alive on* 7-31, 1951, *and that death occurred at* 12:40 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE Edward P. Hill (Degree or title) M.D.
23b. ADDRESS St. Louis State Training School
23c. DATE SIGNED 7-31-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8/2/51
24c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery
24d. LOCATION (City, town, or county) St. Louis, Mo. (State)

DATE REC'D BY LOCAL REG. 8/1/51
REGISTRAR'S SIGNATURE Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Bens Mortuary **ADDRESS** 2842 Meramec St., St. Louis, 18, Mo.
(Licensed Embalmer's Statement on Reverse Side)

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

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 me

working under my personal supervision.

Student Embalmer No.....

Signed Joe B. Benz

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St., St. Louis, 18, Mo.

Signed.....
Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.