

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16360**
Registrar's No. **4115**

FILED MAY 15, 1953

318

1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Jennings, 4138	
c. LENGTH OF STAY (in this place) 7 1/2 hrs		d. STREET ADDRESS (If rural, give location) 5712 Wilborn Dr.	
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) CECIL H. WESSEL b. (Middle) AKA FORCILL H. WESSELL c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) April 20 1953	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 2	8. DATE OF BIRTH May 20, 1905
9. AGE (In years last birthday) 47	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Missouri	12. CITIZEN OF WHAT COUNTRY? U S
13a. FATHER'S NAME Bernard Wessel	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE divorced	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Iris Mueller ADDRESS 300 S. Goodwin Apt. 300 Urbana, Ill.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congestive Cardiac Failure DUE TO (c) ASHD II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4200	
22. I hereby certify that I attended the deceased from Aug 1952 , to 4-19 , 1953, that I last saw the deceased alive on 4-19 , 1953, and that death occurred at 3A m., from the causes and on the date stated above.			
23a. SIGNATURE E. D. Carls		23b. ADDRESS 4952 Woodland	
23c. DATE SIGNED 4-20-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE April 22 1953	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
DATE REC'D BY LOCAL REG. APR 21 1953	REGISTRAR'S SIGNATURE J. Carls Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SUEDMEYER & SONS UNDT. CO. 3934 N. 20th St	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Mustaw W. Deitel

Licensed Embalmer No.

4329

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.