

FILED JAN 29 1957

STANDARD CERTIFICATE OF DEATH

3173
STATE FILE NUMBER

Registration District No. 318 Primary Registration District 1003 Registrar's No. 410

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony Hosp.			Length of stay in 1b 3 1/2 Dys.	d. STREET ADDRESS 5705 Lisette		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Adelia C. Wessels				4. DATE OF DEATH Month Day Year January 14, 1957			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH October 21, 1879		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA.	
13. FATHER'S NAME Frwd Kroeger				14. MOTHER'S MAIDEN NAME Rose Krone			
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. No		17. INFORMANT Address Miss Eleanor Wessels 5705 Lisette			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute pulmonary edema</i>							INTERVAL BETWEEN ONSET AND DEATH <i>Sudden</i>
Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) <i>Acute left heart failure</i>							"
DUE TO (c) <i>Hypertensive heart disease</i>							59400
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 443x							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>1950</i> to <i>Jan 14, 1957</i> and last saw her alive on <i>Jan 13, 1957</i> Death occurred at <i>7 A.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>W.D. Hoffmann M.D.</i> (Degree or title)				22b. ADDRESS <i>16 Hampton Village Plaza</i>		22c. DATE SIGNED <i>1-14-57</i>	
23a. BURIAL, CREMATION, etc. (Specify) <i>Buried</i>		23b. DATE <i>Jan. 17, 1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>SS. Peter & Paul Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>7000 Gravois ave.</i>		
24. FUNERAL DIRECTOR <i>C. Hofmeister Colonial Mortuary</i> <i>6164 Chippewa St.</i> ADDRESS				25. DATE RECD. BY LOCAL REG. <i>JAN 14 '57</i>		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i> <i>mds.</i>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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.....
Signature of Student Embalmer

Signed *Lee C. Branson*

Licensed Embalmer No. *476*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.