Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-046677
STATE FILE NUMBER

FILED DEC 22 1958 Registration District No. 317 Primary Registration District No. 546 Registrar's No. 3229

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Overland — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Shepherd N. Home — Length of stay in Ib: 6 mon.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Kirkwood 4713 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 417 W. Madison — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Herman — Middle: - - - - — Last: Wesche

4. DATE OF DEATH Month Day Year: Dec. 9, 1958

5. SEX: Male **6. COLOR OR RACE**: White **7. MARRIED** [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ] **8. DATE OF BIRTH**: Sept. 24, 1876 **9. AGE** (In years last birthday): 82 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired mail carrier **10b. KIND OF BUSINESS OR INDUSTRY**: U.S. Post Off. **11. BIRTHPLACE** (City and state or country): Jefferson City, Mo. **12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

13a. FATHER'S NAME: Herman Wesche **13b. MOTHER'S MAIDEN NAME**: Louise Steinmeyer **14. NAME OF HUSBAND OR WIFE**: Louise Wesche

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.**: UNK. **17. INFORMANT** Address: Louise Wesche, 417 W. Madison Ave.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebrovascular ~~A[illegible]~~ thrombosis — 1 wk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Encephalopathy — 2 years
DUE TO (c): 332X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Benign Prostatic Hypertrophy

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 6-5-58, to present and last saw her/him alive on 9-1-58
Death occurred at 11:33 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Marvin Kiesau M.D. **22b. ADDRESS**: 1108 N. Euclid **22c. DATE SIGNED**:

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE**: 12-12-1958 **23c. NAME OF CEMETERY OR CREMATORY**: St. Johns Lutheran Cem. **23d. LOCATION** (City, town, or county) (State): Ellisville, Missouri

24. FUNERAL DIRECTOR ADDRESS: Baumann Bros. Inc. Overland, Mo. 2504 Woodson Rd. **25. DATE RECD. BY LOCAL REG.**: 12-10-58 **26. REGISTRAR'S SIGNATURE**: Herbert R. Domke M.D.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, Coroner, or Medical Examiner: Use only standard terms in Part I for the symptoms and conditions. All diseases in Part I must be causally related.

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 David C. Gebra

Licensed Embalmer No. 3403

P. O. Address Overland

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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