

NOV 28 1930

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

33906

1. PLACE OF DEATH

County St. Charles Registration District No. 757
Township _____ Primary Registration District No. 8036
City St. Charles No. 304 W. Main St. _____ (Ward)

File No. _____
Registered No. 177

2. FULL NAME

Frank Weseeman
(a) Residence. No. 304 W. Main St. St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rebecca Wells

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 18 - 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 1 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cigar maker
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St. Charles
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Bernard G. Weseeman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Catherine Hochapp

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Germany

14. INFORMANT Edwin Weseeman
(Address) 304 South Main St.

15. FILED 10/30 19 30 W. J. Blochman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 28th 19 30

17. I HEREBY CERTIFY, That I attended deceased from Oct 1 - 1930, 19____, to Oct 28, 19____, and that I last saw him alive on Oct 28, 19____, and that death occurred, on the date stated above, at 12:10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Renauds Disease - (Myocarditis)
(Symmetrical gangrene)
(Feet & Hands)

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH

no knowledge

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Blood Exam

(Signed) B. J. G. Vossow M. D.

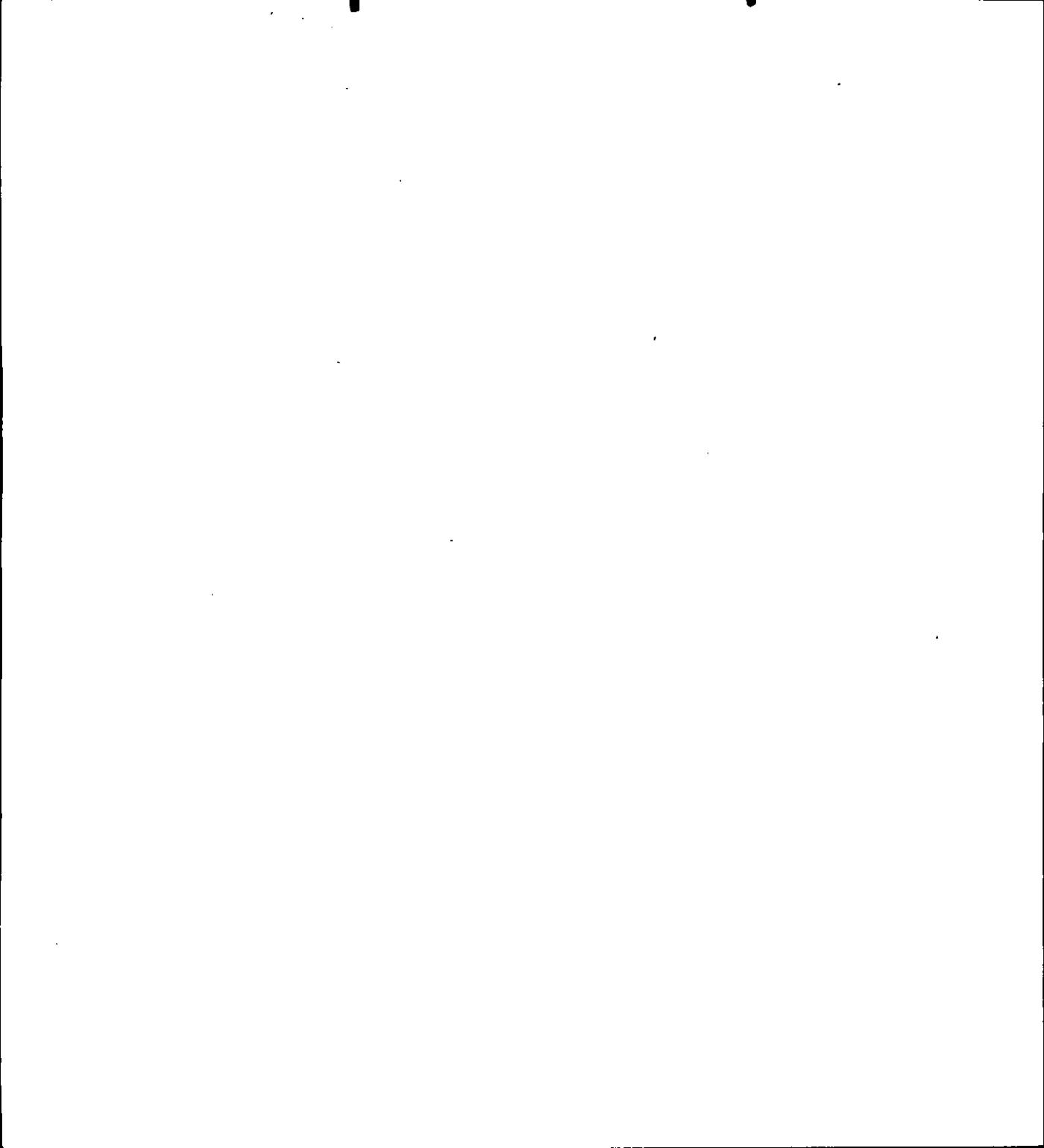
Oct 28, 19 30 (Address) 200 Clay St. St. Charles, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Charles Burial Home DATE OF BURIAL Oct 31, 1930

20. UNDERTAKER H. K. Allmeyer & Sons Co ADDRESS 800 N. 3rd St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



"Raynolds' Chalice"

S-33906