

REC'D MAR 13 1939

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

4881

Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1008**  
(c) City. **St. Louis, Missouri** (d) Street No. **City Sanitarium** St.  
(e) Length of residence in city or town where death occurred **50** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. **1574**

## 2. PRINT FULL NAME

**245 Joseph Wessling**  
(a) Residence, No. **3907 Illinois Avenue** St. **24**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Single**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **3-1-1860**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**78 11 16**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Hired Hand**

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) **Unknown** 11. Total time (years) spent in this occupation **M**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Germany**

13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Germany**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Germany**

17. INFORMANT **A.S. Cook, M.D.**  
(ADDRESS) **5400 Arsenal St**

18. BURIAL, CREMATION, OR REMOVAL **Laurel Hill Cemetery** DATE **Feb. 21, 1939**

19. FUNERAL DIRECTOR (NAME) **H. G. Underwood & Co.**  
(ADDRESS) **2842 Meramec Street**

20. DATE OF DEATH **FEB 17 1939** 19... **J. F. Brudick**  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2-17-39**, 19...

22. I HEREBY CERTIFY, That I attended deceased from **2-10-39**, 19... to **2-17-39**, 19...

I last saw him alive on **2-17-39**, 19... Death is said

to have occurred on the date stated above, at **10:45 A.M.**

The principal cause of death and related causes of importance were as follows:

**Broncho-pneumonia 2-17-39** Date of onset

Other contributory causes of importance:

**Pulmonary Edema 2-13-39**

**Arteriosclerotic heart disease 2-10-39**

**Chronic Nephritis 2-10-39x**

**Senility 2-10-39x**

Name of operation Date of operation

What test confirmed diagnosis? Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **Arnold A. Cook**, M. D.

(Address) **5400 Arsenal St**

**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 .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....

*Herman A. Gebken*

Licensed Embalmer No. 2120

P. O. Address 2842 Meramec Street  
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, above space should be left blank.**