

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.

1939

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

23328  
Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Louis Registration District No. 7844  
 (b) Township Carondelet Primary Registration District No. 750  
 (c) City St. Louis (d) Street No. Veteran Hospital Registered No. 1171  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. 24 How long in U.S. if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME WILLIAM F. Weseloh  
 (a) Residence, No. 1439 Goodfellow - St Louis Mo (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF See Par 5

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 6 - 1891

7. AGE YEARS 47 MONTHS 6 DAYS 25 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as saw mill, bank, etc. not known

10. Date deceased last worked at this occupation (month and year) not known 11. Total time (years) spent in this occupation not known

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo.

FATHER 13. NAME Henry Weseloh

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

MOTHER 15. MAIDEN NAME Lizzie Welles

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) L. M. Beck Vet. adm. facility Jefferson - Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Bethany Cem DATE July 14 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wheeler - Haral  
Wheeler - Haral Co - 1905 N. Union - St Louis

20. FILED Jul - 11 1939 J. Dorney M.D. A.P.H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7 - 1 1939

22. I HEREBY CERTIFY, That I attended deceased from June - 24th 1939 to July 1st 1939  
 I last saw him alive on July 1st 1939. Death is said to have occurred on the date stated above, at 240 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Arteriosclerosis generalised, coronary atherosclerosis with myocardial disease, severe and auricular fibrillation  
 Other contributory causes of importance: Embolism of popliteal artery

Name of operation none Date of none  
 What test confirmed diagnosis autopsy Was there an autopsy? no

23. If death was due to external causes (violence), all in also the following:  
 Accident, suicide, or homicide? no Date of injury none, 1939  
 Where did injury occur? none  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none  
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify no  
 (Signed) C. W. Hughes, M. D.  
 (Address) Vet. adm. facility Jefferson - Mo

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

Signed *Warren A Carver*

Licensed Embalmer No. *3534*

P. O. Address.....

**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.**