30 1939 REC'D SEP 6 1939

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

30126
Do not use this space.

96

1. PLACE OF DEATH

(a) County St. Louis 3 Registration District No. 784

(b) Township ~~Carondelet~~ 1 Primary Registration District No. 300 Registered No. 1541

or

(c) City ~~St Louis Co Mo~~ Affton (d) Street No. McKenzie Road & "66" St.

(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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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2. PRINT FULL NAME August F Wesselny

(a) Residence, No. 5655a So West Ave St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cecilia Schmitz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-23-1896

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
43	6	6	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

FATHER

13. NAME August Wesselny

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

MOTHER

15. MAIDEN NAME Caroline ~~Wesselny~~ Probst

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

17. INFORMANT (ADDRESS) Mrs Cecilia Wesselny 5655a So West

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE 9-1- 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sullivan 2849 No Euclid

20. FILED AUG 30 1939 19 J. R. Meyer M.D. Dept. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5PM m.

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

	Date of onset
Suicide by firearms	8/29/39

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Other contributory causes of importance:

Gunshot (revolver) through heart.

Name of operation ..... Date of .....

What test confirmed diagnosis physical signs Was there an autopsy? no

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

Accident, suicide, or homicide? suicide Date of injury 8/29/39

Where did injury occur? St. Louis County, Mo. (Specify city or town, county, and State)

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

Public place

Manner of injury Suicide by firearms

Nature of injury G/S wound of heart.

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify John O'Connell

(Signed) Coroner of St. Louis, County, Mo., M. D.

(Address)

(Licensed Embalmer's Statement on Reverse Side)

Exact statement of OCCUPATION is very important. Should of DEATH in plain terms, so that it may be properly classified.

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 Henry Chas. Tunesi 170, Registered Apprentice No. 3077 working under my personal supervision.

Signed Albert Mayfield

Licensed Embalmer No. B077

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.