

No. 2  
1-13-20  
17-39  
X23159

FILED OCT 18 1941  
7911

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 7147

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution one month 11 days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000  
(c) City or town St. Louis 20 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2506 Nath Bridges  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Arno Wuesteney

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased abt. (Month) (Day) (Year)

8. AGE: Years 69 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day: hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace 8 Missouri (City, town, or county) (State or foreign country)

10. Usual occupation unemployed

11. Industry or business \_\_\_\_\_

12. Name David Wuesteney

13. Birthplace Herman (City, town, or county) (State or foreign country)

14. Maiden name Minnie Wuesteney

15. Birthplace Griseville (City, town, or county) (State or foreign country)

16. (a) Informant Ann Morrison

(b) Address 1515 Lafayette Ave

17. (a) Burial (b) Date thereof Sept 5 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Potters Field

18. (a) Signature of funeral director Peetz Brothers  
(b) Address 3029 Lafayette Av

19. (a) SEP 3 1941 (b) J. P. Debeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22  
year 1941 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis Duration \_\_\_\_\_  
Pneumonia  
Fracture of right humerus  
Due to a fall at a Nursing Home 5071 Maple Ave  
Duration exact time and manner could not be determined

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence Sept 16 1941

(c) Where did injury occur St. Louis MO (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Nursing Home 5071 Maple Ave

(Specify type of place) (e) Means of injury fall

23. Signature Alfred Perry (M. D. or other) \_\_\_\_\_

Address Deputy Coroner Date signed 8/29/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

308  
30  
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MOTHER FATHER

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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.....

Licensed Embalmer No.....

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, fact should be so stated above.**