

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5700

1. PLACE OF DEATH:

(a) County... St. Louis MO

(b) City or town... St. Louis

(c) Name of hospital or institution... St. Francis Hosp  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution... 1 Day  
(If not in hospital or institution, write street number or location)

In this community... 13 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... St Louis

(c) City or town... Webster Groves  
(If outside city or town limits, write "RURAL")

(d) Street No... 747 Clark  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country... \_\_\_\_\_

3. (a) PRINT FULL NAME... John Bliss Wesley

3. (b) If veteran... name war... World war

3. (c) Social Security No... 702-14-0574

20. DATE OF DEATH: Month JULY day 7 year 1942 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from JUNE 30, 1942 to JULY 1, 1942

4. Sex... Male

5. Color or race... white

6. (a) Single, widowed, married, divorced... married

6. (b) Name of husband or wife... Elizabeth Ann Wesley

6. (c) Age of husband or wife if alive... 56 years

7. Birth date of deceased... June 14 1886  
(Month) (Day) (Year)

that I last saw him... alive on \_\_\_\_\_, 19\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death... cerebral vascular accident

8. AGE: Years 56 Months - Days 17 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to... hypertension

Due to... \_\_\_\_\_

9. Birthplace... Sommerset Kentucky  
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) 83 N

Major findings: Of operations... 87

Of autopsy... \_\_\_\_\_

10. Usual occupation... Chemical Engineer

11. Industry or business... Mopac RR

MOTHER FATHER

12. Name... John Wesley Wesley

13. Birthplace... Pluski Co Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name... Mary Elizabeth Taylor

15. Birthplace... Cardy Co Kentucky  
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant... John Wayne Wesley

(b) Address... 747 Clark

17. (a) (Burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof... July 3/42  
(Month) (Day) (Year)

(c) Place: burial or cremation... Oak Hill Cem

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (Means of injury) 0

18. (a) Signature of funeral director... Wesley Jones

(b) Address... Webster Groves

19. (a) JUL 3 1942 (Date received local registrar)

G. F. Brodzinski (Registrar's signature)

23. Signature... Gilbert Wright (M. D.)

Address... Mo. Pac. Hosp Date signed... 7-3-42

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

10  
17  
9

AUG 13 1942

AUG 12 1942

AUG 22 1942

JAN 25 1945

*Embalmer's Separate Certificate file*

**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.**