0
S. No. 2
M—S-42
5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 1 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 29285

Registrar's No. 7761

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 Days (Specify whether years, months or days)
In this community 52 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 00
(c) City or town St. Louis 711
(If outside city or town limits, write "RURAL")
(d) Street No. 5324 Emerson Ave. 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Weseloh

3. (b) If veteran, name war None

3. (c) Social Security No. 491-12-9234

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Emma Weseloh

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased July (Month) 25. (Day) 1866 (Year)

8. AGE: Years 76 Months 1 Days 21 If less than one day hr. min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Gardner.

11. Industry or business

FATHER
12. Name John Weseloh
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Marie Folchmann
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma Weseloh
(b) Address 5324 Emerson Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/19/42 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cem.

18. (a) Signature of funeral director [signature]
(b) Address 2117 E. Grand Blvd.

19. (a) SEP 18 1942 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 16. year 1942 hour 6:07 minute P. M.

21. I hereby certify that I attended the deceased from August 23, 1942, to September 16, 1942; that I last saw him alive on September 16, 1942; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death
Uremia

Due to Hypertrophy of Prostate & Urinary Retention

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings
Of operations Hypertrophy of Prostate

Of autopsy Refused

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)
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Don. Peterson (M. D. or other)
Address 1515 Lafayette Avenue. Date signed 9/17/42

(Licensed Embalmer's Statement on Reverse Side)

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. 3041

P. O. Address 2117 E Grand

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.