

FILED JUN 14 1943

State File No. _____

Registration District No. _____ Primary Registration District No. **1003** Registrar's No. **5087**

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

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:
City Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18, days
(Specify whether life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____

(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")

(d) Street No. 1332a N. Euclid Ave.
(If rural, give location)

(e) Citizen of foreign country? American. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George B. Wessels.

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

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

7. Birth date of deceased January 2 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 4 29 hr. _____ min.

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

10. Usual occupation None

11. Industry or business None

12. Name John Wessels.

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

14. Maiden name Adelaide Kalkman.

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

16. (a) Informant Louise Green

(b) Address 5800 Arsenal

17. (a) Burial (b) Date thereof 6/4/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director _____
(b) Address 2117 E. Grand Blvd.

19. (a) JUN 2 1943 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1, year 1943 hour 4:50 minute _____ A. M.

21. I hereby certify that I attended the deceased from May 14, 1943, to June 1, 1943
that I last saw h. _____ alive on May 31, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Degenerative Heart Disease

Due to Arteriosclerosis

Due to Senility

Other conditions Blindness
(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) _____

(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) (e) Means of injury

23. Signature J. F. Brueck (M. D. or other) MD
Address City Infirmary Date signed 6/1/43

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.....
Frank A. Moore

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.