

FILED DEC 5 1944
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State File No. _____
Registrar's No. 10069

Registration District No. _____ Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5814 Ridge
(If not in hospital or institution, write street number or location)

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

In this community _____
(Specify whether 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. 5814 Ridge
(If rural, give location)

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

3. (a) PRINT FULL NAME Henry P. Weseloh

3. (b) If veteran, name war _____

3. (c) Social Security No. 497-20-7140

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 25
year 1944 hour 8.05A.M. minute _____ M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Anna

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased December 22, 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from November 26,
1943 to November 25, 1944
that I last saw him alive on November 25, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
63 11 3 hr. _____ min.

Immediate cause of death Chronic anemia
Duration 1 yr.

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

10. Usual occupation Maintenance

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

11. Industry or business American Optical Co.

MOTHER } 12. Name Henry Weseloh

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

14. Maiden name Marie Schafer

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

Major findings: _____

Of operations _____

Of autopsy _____

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

16. (a) Informant Anna Weseloh

(b) Address 5814 Ridge

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 11/28/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) NOV 27 1944 (b) _____
(Date received local registrar) (Registrar's signature)

(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 Arthur Sinsor (M.D. or other) MS
Address 2202 University St Date signed 11-27-44

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

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..... *H. Long Eymak*
Licensed Embalmer No..... *1284*
P. O. Address..... *St. Louis, Mo.*

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.