

S. No. 2
DM-5-42
ev. 5-17-39
I X32873

#16163

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11989

State File No.

Registration District No. **1818**

Primary Registration District No. **1003**

Registrar's No. **3795**

00
17
9

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:
St. Louis City Hospital #1. (1)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 months**
(Specify whether years, months or days)

In this community.....
(years, months or days)

3. (a) PRINT FULL NAME **WILLIAM WUEST** ✓

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 **-----1866?**
(Month) (Day) (Year)

8. AGE: Years **79 ?** Months Days If less than one day hr. min.

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

10. Usual occupation **Retired Cooper**

11. Industry or business.....

12. Name **Don't Know**

13. Birthplace **Don't Know** 9
(City, town, or county) (State or foreign country)

14. Maiden name **Don't Know**

15. Birthplace **Don't Know** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **J.G.Brueckmann**

(b) Address **Gatesworth Hotel**

17. (a) **Burial** (b) Date thereof **April 30/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus Cemetery**

18. (a) Signature of funeral director **Weick Bros.**

(b) Address **2201 S. Grand Bl.**

19. (a) **APR 29 1945** (b) *J. Brueck*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

(c) City or town **St. Louis** 17
(If outside city or town limits, write "RURAL") 11

(d) Street No. **3325 Montgomery St.**
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **28th**
year **1945** hour **2:20** am minute M.

21. I hereby certify that I attended the deceased from **2/28/45**
..... 19..... to **4/28/45** 19.....
that I last saw him alive on **4/28/45** 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death **Empysemema**

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) **11/2**

Major findings: Of operations.....

Of autopsy.....

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?

18. (a) Signature of funeral director **Weick Bros.**

(b) Address **2201 S. Grand Bl.**

23. Signature **James J. Scott** (M. D. or other)
Address **1515 Lafayette** Date signed **4/28/45**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Way A. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.