

S. No. 2
DOM-2-43
ev. 5-17-39
X-567

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26264**

FILED SEP 1 1945 818

Registration District No.

Primary Registration District No. **1003**

Registrar's No. **7393**

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5215 Kensington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 060
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5215 Kensington
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Hulda E. Wessel

3. (b) If veteran, name war..... 3. (c) Social Security No.....

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

6. (b) Name of husband or wife Waldo Wessel 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Nov 21 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 9 2 hr. min.

9. Birthplace Treloar Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business.....

12. Name Louis Dothage

13. Birthplace Mo. 1
(City, town, or county) (State or foreign country)

14. Maiden name Helena Marcks

15. Birthplace Mo. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Waldo Wessel

(b) Address 5215 Kensington

17. (a) Burial (b) Date thereof Aug 25 '45
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Drehmann Harral

(b) Address 1905 Union Blvd.

19. (a) AUG 24 1945 (b) J. Medel
(Date of death) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23
year 1945 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from Aug 23 1945 to only 1945
that I last saw him alive on Aug 23 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Amorrhage of Rectum
Due to Carcinoma of Rectum + Large Bowel

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

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

23. Signature J. S. Lauer (M. D. or other)
Address Central Trust Bldg Date signed 8-24

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

MOTHER FATHER

60
17
9

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

45

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 Warren A. Carver

Licensed Embalmer No. 3534

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.