

S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38366**

FILED DEC 12 1945

Registration District No. **310** Primary Registration District No. **3058** Registrar's No. **164**

1. PLACE OF DEATH:
(a) County **St. Charles**
(b) City or town **St. Charles**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 months**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Charles**
(c) City or town **Rural St. Charles Township**
(If outside city or town limits, write "RURAL")
(d) Street No. **R.R. 3 (Boschertown)**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Stephen Wuelling**
3. (b) If veteran, name war **Nil** 3. (c) Social Security No. **Nil**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **November** day **6**
year **1945** hour **10:30** minute **P.** M.
21. I hereby certify that I attended the deceased from **Dec 1935** to **Nov 6 1945**
that I last saw him alive on **Nov 6 1945**
and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color of race **white**
6. (a) Single, widowed, married, divorced, **widowed**
6. (b) Name of husband or wife **Elizabeth (Stratmann) Wuelling (dec'd)**
6. (c) Age of husband or wife if alive, years
7. Birth date of deceased **September 8, 1870**
(Month) (Day) (Year)

Immediate cause of death
Uræmia - arterial sclerosis, idiosyncrasy, Hemiplegia
Due to **Hemiplegia**
Due to
Other conditions (include pregnancy within 5 months of death)
Major findings:
Of operations
Of autopsy

8. AGE:	Years	Months	Days	If less than one day
	75	1	28	hr. min.

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

10. Usual occupation **Farming**

11. Industry or business

12. Name **Henry Wuelling**

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

14. Maiden name **Deisterhaus**

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

16. (a) Informant **Joseph Wuelling**
(b) Address **St. Charles, Mo.**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **Nov. 10-1945**
(Month) (Day) (Year)
(c) Place: burial or cremation **St. Peters-St. Charles**

18. (a) Signature of funeral director **H. C. Dallenmaier & Son, Mo.**
(b) Address **800 N. 2nd-St. Charles, Mo.**

19. (a) **11-8-1945** (Date received local registrar) (b) **Ernest C. Paule** (Registrar's signature)

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 **Vincent A. Schreiber** (M. D. or other) **MD**
Address **St. Charles, Mo.** Date signed **11/7/45**

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

1300

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed 12-11-45

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

Philip A. Mich

Registered Apprentice No. 388

working under my personal supervision.

Signed

John C. Dallmeyer

Licensed Embalmer No. 2951

P. O. Address. St Charles 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.