DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39926

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11575

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

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: 3010 Nebraska Ave. 1
(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 Life.

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. 3010 Nebraska 24
(If rural, give location)
(e) Citizen of foreign country? D (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Josephine M. Wesley
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Chas. Wesley
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 7th 1868 (Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 21 If less than one day hr. min.

9. Birthplace St Louis Mo. (City, town, or county) (State or foreign country) 1
10. Usual occupation At Home
11. Industry or business Housewife.
MOTHER FATHER
12. Name Joseph Ziska
13. Birthplace Bohemia (City, town, or county) (State or foreign country) X
14. Maiden name Barbara Jelibek
15. Birthplace Bohemia (City, town, or county) (State or foreign country) X
16. (a) Informant Frank A. Wesley
(b) Address 1712 S 12th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 31/45 (Month) (Day) (Year)
(c) Place: burial or cremation Old S.S. Peter & Paul
18. (a) Signature of funeral director Thoskutis & Son
(b) Address 2906 Gravois Ave.
19. (a) DEC 30 1945 (Date received local registrar) (b) J. F. Breuer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28 year 1945 hour 2 50 P.M. minute M.
21. I hereby certify that I attended the deceased from 11/22 1945 to 12/28 1945; that I last saw her alive on 12/28 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cause stomach several years and bowels months	
Due to: Primary site: Stomach	
Due to Chronic nephritis several months	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Albert F. Bma (M. D. or other)
Address 1841 S. 12th Date signed 12/29/45

(Licensed Embalmer's Statement on Reverse Side)

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 David Van Fossan

Licensed Embalmer No. 424.2

P. O. Address 2906 Geoma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.