

FILED FEB 24 1946
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **7972**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4006 Marcus Ave.
(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)

3. (a) PRINT NAME Aug. J. Wesolowski (Wesley)

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 **Widowed**

6. (b) Name of husband or wife **Helen Pitts Wesley** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **November 26 1877**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	68	9	20	hr. _____ min.

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

10. Usual occupation **Foreman**

11. Industry or business **Stamping Works**

12. Name **Wesolowski**

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

14. Maiden name _____

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

16. (a) Informant **Francis Wesley**

(b) Address **4006 Marcus Ave.**

17. (a) **Burial** (b) Date thereof **9/18/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **Stroot-Carroll**

(b) Address **4600 Natural Bridge Ave.**

19. (a) **SEP 16 1946** (b) **J. J. Bredek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **7000**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **4006 Marcus Ave.** **9**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) **0**
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **16**
year **1946** hour **4** minute **20** A. M.

21. I hereby certify that I attended the deceased from _____
19**40** to **Sept 16 1946**
that I last saw him alive on **Sept 15 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of stomach**
Duration **?**

Due to _____
Due to **46**

Other conditions **Open Degenerative** **4 yrs**
(Include pregnancy within 3 months of death)

Major findings: Of operations **none**
Of autopsy **none**
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) _____
Means of injury **0**

23. Signature **Paul J. Cron** (M. D. or other) **M.D.**
Address **5738 W. Elmwood** Date signed **9-16-46**

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

MOTHER FATHER

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 *Benjamin Hoffmann*

Licensed Embalmer No. *43616*

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.