V. S. No. 2
50M—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40324

FILED DEC 6 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10793

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: Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 28 Days (Specify whether
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0 0 0

(c) City or town St. Louis 1 7
(If outside city or town limits, write "RURAL")

(d) Street No. 2857 Lafayette Avenue 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Eugene Wessbecher

3. (b) If veteran, name war

3. (c) Social Security No. 488-16-9565

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Marthe Boettcher

6. (c) Age of husband or wife if alive years

7. Birth date of deceased October (Month) 23 (Day) 1879 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	1	0	hr. min.

9. Birthplace Rastatt, Baden (City, town, or county) Germany (State or foreign country) 4

10. Usual occupation Owner 1

11. Industry or business Grocery & Meat Market

FATHER
12. Name Carl Wessbecher
13. Birthplace (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Miss Martha Ulrich Niece
(b) Address 2857 Lafayette Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/27/47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Mauseleum

18. (a) Signature of funeral director Beiderwieden Funeral Home
(b) Address 1936 St. Louis Ave.

19. (a) NOV 24 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 23
year 1947 hour 2:10 minute A M.

21. I hereby certify that I attended the deceased from October 23, 1947, to November 22 1947; that I last saw him alive on November 22, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	30 days
Due to Cerebral arteriosclerosis	1 yr +
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 0

23. Signature R. Nussbaum (M. D. ~~or other~~)
Address 3651 Grandel Sq. Date signed 11-23-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. Theo. Hanser
Grandel Square

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 Glen W Hatz

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis Ave.

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.