

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11428

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 664

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BREKELLY CITY		c. LENGTH OF STAY (in this place) 1 WK	
d. FULL NAME OF HOSPITAL OR INSTITUTION PENN NURSING HOME		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MARYLAND HEIGHTS	
		d. STREET ADDRESS (If rural, give location) DORSETT + MIKEL	

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) H	c. (Last) WESLOH	4. DATE OF DEATH (Month) (Day) (Year)
				MARCH 13 1950

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH AUG 18 1889	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months Days	IF UNDER 14 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) RETIRED FARMER	10b. KIND OF BUSINESS OR INDUSTRY SELF	11. BIRTHPLACE (State or foreign country) ST LOUIS CO MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME CLAUS WESLOH	13b. MOTHER'S MAIDEN NAME LOUISA TRIMMER	14. NAME OF HUSBAND OR WIFE GLADYS WESLOH
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME Ruth Wroson	ADDRESS Maryland Heights Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the Bladder (transitional cell)		2 years
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1) Metastatic Carcinoma, brain + bone 2) Peripheral + cerebral Arterio sclerosis 3) Cachexia		181X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **March 6, 1950**, to **March 13, 1950**, that I last saw the deceased alive on **March 7, 1950**, and that death occurred at **9:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Lewis Littmann	(Degree or title) MD	23b. ADDRESS 8231 Clayton Rd (17)	23c. DATE SIGNED 3/14/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL (1)	24b. DATE 3-16-50	24c. NAME OF CEMETERY OR CREMATORY ZIONS EV. LUTHERAN	24d. LOCATION (City, town, or county) (State) MARYLAND HEIGHTS MO
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DATE REC'D BY LOCAL REG 3-14-50	REGISTRAR'S SIGNATURE Robert K. ...	25. FUNERAL DIRECTOR'S SIGNATURE DRUMANN BROTHERS	ADDRESS OVERLAND MO
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 St

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.