S. No. 300
v. 10.48

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

FILED AUG 11 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25467

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 660

1. PLACE OF DEATH
a. COUNTY: St. Charles 0923
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Charles
c. LENGTH OF STAY (in this place): 18-Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Charles 0923
d. STREET ADDRESS (If rural, give location): 723 Clay St., St. Joseph Home

3. NAME OF DECEASED (Type or Print)
a. (First): ELIZABETH
b. (Middle): - -
c. (Last): WESSLER

4. DATE OF DEATH (Month) (Day) (Year): July 30 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 30, 1870
9. AGE (In years last birthday): 82 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): St. Charles Co., Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Frank Billing
13b. MOTHER'S MAIDEN NAME: Catherine Wapplehorst
14. NAME OF HUSBAND OR WIFE: Joseph Wessler, Sr. (Dec'd.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Nil
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Frank Billing, Sr. St. Charles, Mo. (NEPHEW)

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Abscesses Liver — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gangrenous perforated appendicitis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 19 52
19b. MAJOR FINDINGS OF OPERATION: Gangrenous appendicitis, Perforation, Peritonitis
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

5501

22. *I hereby certify that I attended the deceased from* July 19, 1952, *to* July 30, 1952, *that I last saw the deceased alive on* July 30, 1952, *and that death occurred at* 4:30p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vincent A. Schneider MD
23b. ADDRESS: St Charles, Mo
23c. DATE SIGNED: Aug 1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 2, 1952
24c. NAME OF CEMETERY OR CREMATORY: St. Peter Cemetery
24d. LOCATION (City, town, or county) (State): St. Charles Mo.

DATE REC'D BY LOCAL REG.: 8-7-52
REGISTRAR'S SIGNATURE: 284-0 Fannie Hamilton
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: H.C. Dallmeyer Undertaking Co., St. Charles, Mo.

(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~~ _____ Student Embalmer No. _____ working under my personal supervision.

Student _____
Student Embalmer

Signed Herbert C. Dallmeyer

Licensed Embalmer No. 4546

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.