

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36993

State File No. _____

FILED NOV 14 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9633**

1. PLACE OF DEATH a. COUNTY		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 ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City 4376	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If rural, give location) 459 North Hanley Road.	
3. NAME OF DECEASED (Type or Print) a. (First) MADGE b. (Middle) Elizabeth c. (Last) Grubb WESSEL			4. DATE OF DEATH (Month) (Day) (Year) 10 18 52
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 27, 1888
9. AGE (In years last birthday) 63		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Newport, Indiana		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Grubb,		13b. MOTHER'S MAIDEN NAME Susan	
14. NAME OF HUSBAND OR WIFE H. Ben Wessel		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME H. Ben Wessel	
17. ADDRESS University City, Mo.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) GENERALIZED CARCINOMATOSIS	
19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GENERALIZED CARCINOMATOSIS ANTECEDENT CAUSES DUE TO (b) SEROUS CYSTADENOCARCINOMA OF OVARY DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DIABETES MELLITUS		INTERVAL BETWEEN ONSET AND DEATH sev. yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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)	
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? 175X			
22. I hereby certify that I attended the deceased from 9-25 , 19 52 , to 10-18 , 19 52 , that I last saw the deceased alive on 10-18 , 19 52 , and that death occurred at 2:40 pm. , from the causes and on the date stated above.			
23a. SIGNATURE F. R. Bradley		23b. ADDRESS BARNES HOSPITAL	
23c. DATE SIGNED 10-18-52		23d. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	
23e. LOCATION (City, town, or county) (State) St. Louis County, Mo.		23f. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OCT 20 1952	
23g. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons		23h. ADDRESS 7233 Delmar Blvd.	

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 Melvin L. Kesper

Licensed Embalmer No. 4052

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.