

FILED NOV 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36113

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9618

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) 1 year		e. STREET ADDRESS 4530 Holly Place		2029	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4530 Holly Place		f. STREET ADDRESS 4530 Holly Place			
3. NAME OF DECEASED (Type or Print) Eugene		a. (First) Eugene		b. (Middle) F	
		c. (Last) Wessel		4. DATE OF DEATH October 21 1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH April 8, 1910		9. AGE (In years last birthday) 44		10. IF UNDER 1 YEAR Days 11. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Field Inspector of Markets		10b. KIND OF BUSINESS OR INDUSTRY City of St. Louis		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Frederick J. Wessel		13b. MOTHER'S MAIDEN NAME Emma Petring	
14. NAME OF HUSBAND OR WIFE Mrs. Nadine Wessel		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 2nd World War		16. SOCIAL SECURITY NO. 496-30-9308	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Nadine Wessel		ADDRESS 4530 Holly Place			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Coronary Thrombosis - IHD		INTERVAL BETWEEN ONSET AND DEATH 1 hour	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis. 1st Thrombosis		2 years 3-9-54	
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		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? 4201	
22. I hereby certify that I attended the deceased from 3-9, 1954, to 10-21, 1954, that I last saw the deceased alive on 10-13, 1954, and that death occurred at 7:15 p.m., from the causes and on the date stated above.					
23a. SIGNATURE Richard Street MD		(Degree or title)		23b. ADDRESS 6006 Virginia Ave	
23c. DATE SIGNED 10/21/54		24a. BURIAL CREMATION, REMOVAL (Specify) Removal		24b. DATE Oct 25 1954	
24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Missouri			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OCT 23 1954 E. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE MATH HERMANN & SON, INC.,		ADDRESS 2161 E. FAIR AVE	

(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.....
Signature of Student Embalmer

Signed *Clement McHenry*.....

Licensed Embalmer No. *373*.....

P. O. Address *H. Lane*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.