

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7381**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1206**

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| 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) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3229 Mt. Pleasant Street | | e. STREET ADDRESS (If rural, give location) 3229 Mt. Pleasant Street | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) LOUISE | b. (Middle) - | c. (Last) WESLING | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 1, 1956 |
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|----------------------|-------------------------------|---|---------------------------------------|---|------------------------|----------------------------|
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW | 8. DATE OF BIRTH Dec. 16, 1870 | 9. AGE (In years last birthday) 85 | IF UNDER 1 YEAR Months | IF UNDER 2 HRS. Hours Min. |
|----------------------|-------------------------------|---|---------------------------------------|---|------------------------|----------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | 10b. KIND OF BUSINESS OR INDUSTRY at home | 11. BIRTHPLACE (City and State or Foreign Country) Napoleon, Ohio | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Rev. John P. Karrer | 13b. MOTHER'S MAIDEN NAME Katherine Fackler | 14. NAME OF HUSBAND OR WIFE August Henry Wesling |
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| 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 ADDRESS Alma Wesling, 3229 Mt. Pleasant Street |
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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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction | | INTERVAL BETWEEN ONSET AND DEATH 1 wks |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastatic Ca of breast | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 170x | 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) (m.) | 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 **1-23**, 19**56**, to **2-1**, 19**56** that I last saw the deceased alive on **2-1**, 19**56** and that death occurred at **11:15P m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) E. W. Withler MD | 23b. ADDRESS 5600 S Compton | 23c. DATE SIGNED 2-3-56 |
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|--|-------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE Feb. 4, 1956 | 24c. NAME OF CEMETERY OR CREMATORY Hiram Park Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri |
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| DATE REC'D BY LOCAL REG. FEB 4 1956 | REGISTRAR'S SIGNATURE J. Carl Smith MD | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F. H. Inc., 1936 St. Louis Ave |
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Edw. H. Wirthlin
5600 So. Compton

12 noon Friday

Take to N/S

Since

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 *David Russell*

Licensed Embalmer No. *115*

P. O. Address *A. Lou*

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.