No. 300
10.46

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

FILED MAR 5 1956

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 7382

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1545

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis
c. LENGTH OF STAY (in this place): 55 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3631 Bamberger

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St.Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 16 3631 Bamberger

**3. NAME OF DECEASED** (Type or Print)
a. (First): ALBERT
b. (Middle): F.
c. (Last): WESSBECHER

**4. DATE OF DEATH** (Month) (Day) (Year): Feb. 13 1956

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Sept. 17, 1900
**9. AGE** (In years last birthday): 55 yrs. — IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HRS.: Hours ___ Min. ___
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Salesman
**10b. KIND OF BUSINESS OR INDUSTRY**: Automotive Equipment
**11. BIRTHPLACE** (City and State or Foreign Country): St.Louis, Mo.
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: ALBERT VITUS WESSBECHER
**13b. MOTHER'S MAIDEN NAME**: EMMA ULBRICHT
**14. NAME OF HUSBAND OR WIFE**: Caroline Phipps Wessbecher

**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.**: 492-10-7179
**17. INFORMANT'S SIGNATURE OR NAME**: Mrs.Caroline Wessbecher
**ADDRESS**: 3631 Bamberger

**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) Cerebral thrombosis — 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) Generalized Arteriosclerosis — Generalized arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes Mellitus — Diabetes Mellitus — 30 years

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☐

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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)
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Oct 1, 1955, *to* Feb 13, 1956 *that I last saw the deceased alive on* Feb 12, 1956, *and that death occurred at* 2:30AM m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: Albert A. Gnade — **(Degree or title)**: MD
**23b. ADDRESS**: 3606 Gravois
**23c. DATE SIGNED**: 2-13-56

**24a. BURIAL, CREMATION, REMOVAL** (Specify)
**24b. DATE**: 2-14-56
**24c. NAME OF CEMETERY OR CREMATORY**: New St. Marcus Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Louis County, Missouri

**DATE REC'D BY LOCAL REG.**: FEB 14 1956
**REGISTRAR'S SIGNATURE**: Karl Smith MD
**25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS**: BEIDERWIEDEN F.H.INC.,1936 St.Louis Ave.

(Licensed Embalmer's Statement on Reverse Side)

OCT 27 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Addres.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai
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.