

FILED DEC 18 1956

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

 STATE FILE NUMBER
 44079
 10713

Registration District No. 318 Primary Registration District No. 1003 Registrar

| | | | |
|---|-------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #1 | | Length of stay in 1b 205 STREETS ADDRESS | (If outside, give location) 1418 North 16th Str Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First JOSEPH Middle George Last WESLEY | | | 4. DATE OF DEATH NOV. 23, 1956 Month Day Year |
| 5. SEX Male <input type="radio"/> | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH March 19-89 9. AGE (In years last birthday) 67 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) Chief | | 10b. KIND OF BUSINESS OR INDUSTRY Mairfair Hotel | 11. BIRTHPLACE (City and state or country) Poland 12. CITIZEN OF WHAT COUNTRY? yes |
| 13. FATHER'S NAME George Wesley | | 14. MOTHER'S MAIDEN NAME Unknown | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. 488-07-4562 | 17. INFORMANT Sarah Wesley Address 1418 N 16th Str |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerotic heart disease DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | INTERVAL BETWEEN ONSET AND DEATH 6 hrs 20 yrs |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 420.6 | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (In or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
| 21. I attended the deceased from 11/21/56 to 11/23/56 and last saw her alive on 11/23/56 Death occurred at 4:16 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) John W. Strick M.D. | | 22b. ADDRESS 1515 LAFAYETTE AVE. | 22c. DATE SIGNED 11/23/56 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE 11-26-56 | 23c. NAME OF CEMETERY OR CREMATORY St Matthews Cemetery | 23d. LOCATION (City, town, or county) (State) St Louis Mo |
| 24. FUNERAL DIRECTOR ADDRESS Central Funeral Home 1841 Cass Ave | | 25. DATE REG. BY LOCAL REG. NOV 24 1956 | 26. REGISTRAR'S SIGNATURE J. Earl Smith M.D. |

(Licensed Embalmer's Statement on Reverse Side)

 Vertical text on the left margin:

0
1-56
ALL
diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

 Vertical text on the left margin:

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

 Vertical text on the left margin:

MEDICAL CERTIFICATION

Central State Embalmer

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 *J. W. Ruster*

Licensed Embalmer No. *39*

P. O. Address *St. Louis*

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.