

FILED MAR 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11451

| | | | | |
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| BIRTH NO. | | REG. DIST. NO. 312 | PRIMARY REG. DIST. NO. 541 | Registrar's No. 579 |
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 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 Clayton | | c. LENGTH OF STAY (in this place) 6 days | | c. CITY OR TOWN Webster Groves 4607 |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis County Hospital | | d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Albertina | | b. (Middle) Wessling | | c. (Last) Wessling |
| 4. DATE OF DEATH (Month) (Day) (Year) 2 28 1957 | | 5. SEX Female / 6. COLOR OR RACE White | | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH Jan. 1, 1877 1878 | | 9. AGE (In years last birthday) 79 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of waking life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY None | | 11. BIRTHPLACE (City and State or Foreign Country) Des Peres, Mo. |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Daniel Mueller | | |
| 13b. MOTHER'S MAIDEN NAME Maria Joeckel | | 14. NAME OF HUSBAND OR WIFE Bernard T. Wessling | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No | | 16. SOCIAL SECURITY NO. 4-94-03-4088 | | 17. INFORMANT'S SIGNATURE OR NAME Mr. D.E. Mueller, 4574 Parkview Pl. |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive and arteriosclerotic cardiovascular disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 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? |
| 22. I hereby certify that I attended the deceased from 2-22, 1957, to 2-28, 1957, that I last saw the deceased alive on 2-28, 1957, and that death occurred at 9:50 P.m., from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE (Degree or title) E. Smith, M.D. | | 23b. ADDRESS 601 S. Brentwood | | 23c. DATE SIGNED 3-1-57 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 3/4/57 | | 24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery |
| 24d. LOCATION (City, town, or county) (State) Kirkwood 22, Mo. | | 25. FUNERAL DIRECTOR'S SIGNATURE Pfitzinger Mortuary, Kirkwood, Mo. | | |
| DATE REC'D BY LOCAL REG. 3/4/57 | | REGISTRAR'S SIGNATURE Herbert R. Dombke, M.D. | | |

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

Item #8 corr by airdvt of funr dir. 3-26-57

APR 26 1957

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.....
Ben Hoffman

Licensed Embalmer No.....

P. O. Address.....

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.