

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023521

FILED JUL 2 1959

Registration District No. _____ Primary Registration District No. _____

STATE FILE NO. 5887

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, give TOWNSHIP only) OR St. Louis 12, TOWN		c. CITY OR TOWN St. Louis 12, Mo.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5860a Delmar Bl.		Length of stay in 1b 50 Years	
d. STREET ADDRESS 5860a Delmar Blvd.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First CARL Middle AUGUST Last WESSEL			4. DATE OF DEATH Month June Day 20, Year 1959
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 28, 1885
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker Shop Owner	11. BIRTHPLACE (City and state or country) Nashville, Illinois
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker Shop Owner		10b. KIND OF BUSINESS OR INDUSTRY Ladies Home Bakery	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William Wessel		13b. MOTHER'S MAIDEN NAME Mary Neidemeyer	14. NAME OF HUSBAND OR WIFE Lillian Wessel
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. 499-34-0707	17. INFORMANT Address Lillian Wessel 5860a Delmar Bl. (12)
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma recty Lung			INTERVAL BETWEEN ONSET AND DEATH 4 mos?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			163x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 12 May 1954 to 20 June 1954 and last saw him alive on 20 June 1954 . Death occurred at 1:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE L. N. Wagness M.D.		22b. ADDRESS 6651 Enright Ave.	22c. DATE SIGNED 6/22/1959
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 6/23/1959	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County Missouri
24. FUNERAL DIRECTOR ADDRESS Alexander & Sons 6175 Delmar Bl.		25. DATE RECD. BY LOCAL REG. JUN 2 2 59	26. REGISTRAR'S SIGNATURE Road Smith, M.D.C.P.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Not to be used unless the information must be causally related.

Dr. Guy N. Magness
6651 Enright Ave.
PA. 1 4400

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 *Joseph E. MacCulloch*

Licensed Embalmer No. *2960*
P. O. Address *6175 Dalm*

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.