MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

22621

1. PLACE OF DEATH
96 County St. Louis — Registration District No. 784
Township St. Ferdinand — Primary Registration District No. 6030
City Jennings (No. 8705 Jennings Road St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Henry Wendt, Sr.
(a) Residence. No. 8705 Jennings Road St. ..... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Augusta Wendt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 25, 1845

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	86	4	0	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Contracton 27
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer Retired

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany 10

PARENTS
10. NAME OF FATHER Not Knowy
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Not Knowy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

14. INFORMANT Frederick A. Wendt
(Address) 8705 Jennings Road, Jennings Mo

15. FILED June 26th, 1931 Dr. Carl J. Coontz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 25 1931

17. I HEREBY CERTIFY, That I attended deceased from 4/10/20 ....., 1930, to June 25, 1931, that I last saw him alive on June 25, 19..., and that death occurred, on the date stated above, at 5:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Interstitial Nephritis
131
~~125~~ 131 (duration) 5-10 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Mitral Lesion
3 - 8 (duration) 5-8 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) N. M. Draper, M. D.
6/26 1931 (Address) 5710 W Florissant

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Johns — DATE OF BURIAL 6/27 1931

20. UNDERTAKER Math. Hermann and Son — ADDRESS 2161 East Fair Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 28 1931