

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.

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

Do not use this space.

MAY 27 1936

16791

1. PLACE OF DEATH

County St. Louis Registration District No. 789
Township Central Primary Registration District No. 6033
City Wallerston (No. 1533, Wallerston Place St. Ward)

File No.
Registered No. 130

2. FULL NAME Emma M. Wendel

(a) Residence, No. 1533 Wallerston Pl. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emil Wendel
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25 1885
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 50 4 25

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19 1936
22. I HEREBY CERTIFY, That I attended deceased from April 7, 1936, to April 18, 1936
last saw alive on 4/18, 1936. Death is said to have occurred on the date stated above, at 11:30 P. m.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

The principal cause of death and related causes of importance were as follows:

Chronic valvular heart disease.

Date of onset 6m

4/23

Other contributory causes of importance:

Hypertension

12. BIRTHPLACE (CITY OR TOWN) ? (STATE OR COUNTRY) Germany

MOTHER FATHER 13. NAME Gottfried Bellings

14. BIRTHPLACE (CITY OR TOWN) ? (STATE OR COUNTRY) Germany

15. MAIDEN NAME Augusta Trajok

16. BIRTHPLACE (CITY OR TOWN) ? (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Augusta Bellings (ADDRESS) 219 Adelia Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcelline DATE April 22 1936

19. UNDERTAKER Geo. L. Pleitach, Inc. (ADDRESS) 5966 Easton Ave.

20. FILED 4-21- 1936 Ad. Baehner Registrar.

Name of operation Date of
What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) John W. Roe, M. D.
(Address) 1492 Hudson Ave.

1492 *Stodament*
ave.