

REC'D OCT 18 1938

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

31775
Do not use this space.

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. 35
 (b) Township _____ Primary Registration District No. 1001
 (c) City St. Joseph (d) Street No. St. Joseph, Hospital Registered No. 982
 (e) Length of residence in city or town where death occurred 69 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Pauline Wendt
 (a) Residence, No. 1322 Olive St. State (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 22, 1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>69</u>	<u>7</u>	<u>3</u>	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Missouri

FATHER
 13. NAME Conrad Tanner
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spicknau Switzerland

MOTHER
 15. MAIDEN NAME Geneva Herman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spicknau Germany

17. INFORMANT (ADDRESS) August G. Wendt 1322 Olive Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE 9/27/38

19. FUNERAL DIRECTOR (ADDRESS) Walter Meierhoffer 1302 Faron Street

20. FILED 9-27-38 A. J. Neelbush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1938, to Sept. 25, 1938
 I last saw her alive on Sept. 25, 1938. Death is said to have occurred on the date stated above, at 3:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of left breast
50A
 Date of onset 1938

Other contributory causes of importance:
Pulmonary Embolus 9/25/38

Name of operation Amputation of left breast Date of 9/13/38
 What test confirmed diagnosis? Path. Ex. 5 Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? none Date of injury....., 19.....
 Where did injury occur? none (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify.....
 (Signed) St. Thompson, M. D.
 (Address) 825 Charles St. St. Jos. Mo.

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.

11
5
7

I 1212004

STATEMENT BY LICENSED EMBALMER

I, Wilbur Kelley, Licensed Embalmer No. 3946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

L. E. Yes

No or by Registered Apprentice No.
working under my personal supervision.

Signed

W. H. Kelley

Licensed Embalmer No. 3946

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.)