

REC'D MAY 10 1939

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

12917
Do not use this space.

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1003

3259

1. PLACE OF DEATH
(a) County 2 Registration District No.
(b) Township Primary Registration District No.
(c) City ST. LOUIS MO. 1 (d) Street No. 2840 PARK AV. Registered No.
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ALICE J. WENGLER
(a) Residence, No. 2840 PARK AV. St. 23
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF CHARLES O. WENGLER
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT. 3-1861
7. AGE YEARS 77 MONTHS 6 DAYS 2 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. HOUSEKEEPER
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILLINOIS
13. NAME EDWIN BADGLEY
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILLINOIS
15. MAIDEN NAME MARTHA UNK.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILLINOIS
17. INFORMANT (ADDRESS) MIR. FLEMMING, 2840 PARK AV.
18. BURIAL, CREMATION, OR REMOVAL PLACE OAK GROVE MAUSOLEUM DATE APRIL 7, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. J. Schur 3125 Lafayette av.
20. FILED APR 7 1939
J. B. Bedrick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 5 1939
22. I HEREBY CERTIFY, That I attended deceased from 4/3/39, 19... to 4/5/39, 19...
I last saw him alive on 4/5/39, 19... Death is said to have occurred on the date stated above, at 4.05 pm.
The principal cause of death and related causes of importance were as follows:
Chronic Tryocarditis
Date of onset 4/3/39
Only contributory causes of importance:
Hypostatic Pneumonia
Unspecified
Date 4/4/39
Name of operation None Date of
What test confirmed diagnosis? Lab. X-ray Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 none
Nature of injury none
24. Was disease or injury in any way related to occupation of deceased?
If so, specify Stephen Verseau M. D.
(Signed) Stephen Verseau (Address) 3202 - Park.

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.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Jos. B. Vollmer

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette av*

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 this body is not embalmed, above space should be left blank.