

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

40760
Do not use this space.

1. PLACE OF DEATH *St. Louis 1939* *7* Registration District No. *784*
 (a) County *St. Louis* Primary Registration District No. *1-D* Registered No. *8070*
 (b) Township *Clayton* (d) Street No. *164 N. Meramec* St.
 (c) City *Clayton* (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 *Allen Frederick Wengler 524.*
 (a) Residence, No. *164 N. Meramec* St. (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 *Male* 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 *Emma Wengler*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 26 - 1870*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 = 38

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Clerk*
 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri* 0
 13. NAME *William C. Wengler* 0
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri* !
 15. MAIDEN NAME *Elizabeth Winkler*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Pa*

17. INFORMANT (ADDRESS) *Emma Wengler 164 N. Meramec Clayton Mo*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Lake Charles* DATE *11-26* 1939
 19. FUNERAL DIRECTOR (ADDRESS) *Louis H. Popp*
 20. FILED *11-27* 1939 *J. R. Meyer* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 24 1939*
 22. I HEREBY CERTIFY, That I attended deceased from *Jan 1* 1937, to *Nov 24* 1939
 First saw him alive on *Nov 29* 1939. Death is said to have occurred on the date stated above, at *7* p.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Nephritis 5 yrs
 Death Dilatative Heart 1 1/2 hrs
 Acute Myocardial Infarction
 Other contributory causes of importance:
 Chronic Hypertension 7 years
 Name of operation _____ Date of _____
 What test confirmed diagnosis *Physical* Was there an autopsy? *Yes*

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) *A. L. Meador* _____, M. D.
 (Address) *720 E. Chestnut Ave Clayton Mo.*

WRITE PAINFULLY, 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.
 I X12004

STATEMENT BY LICENSED EMBALMER

I, Louis H. Bogg, Licensed Embalmer No. 921

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

..... L. E.

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

Signed Louis H. Bogg

Licensed Embalmer No.

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.)