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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44715

Registration District No. 784 79

Primary Registration District No. 2006031

Registrar's No. 2143

1. PLACE OF DEATH: 3

(a) County St. Louis

(b) City or town Manchester Rural Bonhome
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Manchester Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 years 3 months 23 days (Specify whether years, months or days)

In this community 6 yrs. 3 months 23 days

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County St. Louis

(c) City or town West Walnut Manour.
(If outside city or town limits, write "RURAL")

(d) Street No. 5313 Hodiamont Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME 5210 Philip Wenz

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Harriett Ann Wenz.

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased January 28, 1860.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	10	7	..... hr. ..... min.

9. Birthplace ? (City, town, or county) Germany (State or foreign country)

10. Usual occupation stone mason retired. 6

11. Industry or business 9

FATHER
12. Name Dont know 9
13. Birthplace dont know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name dont know 1
15. Birthplace dont know (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Ethel Everhardt

(b) Address 5313 Hodiamont Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-7-1939. (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave. 70

19. (a) DEC 7 - 1939 (Date received local registrar) (b) R. R. Meyer M. D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5th year 1939 hour 9:04 minute A.M.

21. I hereby certify that I attended the deceased from June 18th, 1939, to Dec 4, 1939; that I last saw him alive on December 4, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions Arterio Sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

93c

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. W. Jansen (M. D. or other)

Address Manchester Mo Date signed 12/5/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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 3454 David C. Gibson, Registered Apprentice No. ..... working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St. Lou

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.