

DEPARTMENT OF COMMERCE *Was 6 2* MISSOURI STATE BOARD OF HEALTH
BUREAU OF THE CENSUS
FILED MAR 7 - 1940 STANDARD CERTIFICATE OF DEATH

W. W. Wierger
State File No. *8153*
Registrar's No. *359*

Registration District No. *284* Primary Registration District No. *Jad*

1. PLACE OF DEATH
(a) County *St. Louis*
(b) City or town *Overland*
(c) Name of hospital or institution: *9217 - Helphine Ave.*
(d) Length of stay: *5 years*

2. USUAL RESIDENCE OF DECEASED:
(a) State *Missouri* (b) County *St. Louis*
(c) City or town *Overland*
(d) Street No. *9217 - Helphine Ave.*

3. (a) PRINT FULL NAME *EDGAR OLIVER WARTENBE*
3. (b) If veteran, name war *✓* 3. (c) Social Security No. *600*

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month *February*, day *20th*, year *1940*, hour *10:30*, minute *A.M.*
21. I hereby certify that I attended the deceased from *Feb. 10th*, 1940 to *Feb. 20th*, 1940
that I last saw him alive on *Feb. 19th*, 1940 and that death occurred on the date and hour stated above.

4. Sex *male* 5. Color of race *white* 6. (a) Single, widowed, married, divorced *married*
(b) Name of husband or wife *Susan C. Meyers Wartenbe* 6. (c) Age of husband or wife if alive *69* years
7. Birth date of deceased *Mar. 5 1856*

Immediate cause of death *Bronchitis pneumonia* Duration *5 days*

8. AGE: Years *83* Months *11* Days *14* If less than one day *hr. min.*

Due to *Influenza*
Due to *93C*
Other conditions *Chronic myocarditis*

9. Birthplace *Ilecaton Iowa*
10. Usual occupation *Contractor retired*

PHYSICIAN
Major findings:
Of operations
Of autopsy

MOTHER FATHER
11. Industry or business
12. Name *John Smith Wartenbe*
13. Birthplace *Ohio*
14. Maiden name *Sarah Ann Schuyler*
15. Birthplace *Ohio*

16. (a) Informant *David R. Wartenbe*
(b) Address *4706 Maryland*
17. (a) *Burial* (b) Date thereof *2-22-40*
(c) Place: burial or cremation *Mount Lebanon*
18. (a) Signature of funeral director *William Wood*
(b) Address *703 Meyer*
19. (a) *FEB 21 1940* (b) *W. W. Wierger*

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury
23. Signature *Arnold H. Wierger* (M. D. or other) *M.D.*
Address *8900 St. Charles Rd.* Date signed *2/21/40*

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Oscar J. Mueller

Licensed Embalmer No.....

3039

P. O. Address.....

Overland Mo

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.