

WHITE LEGAL INK—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.

JAN 15 1941 791

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Days  
2 days (Specify whether  
In this community \_\_\_\_\_ years, months or days)

8. (a) PRINT FULL NAME GRACE WENDLER

8. (b) If veteran, name war no 8. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George Wendler 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Nov. 12 1890  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
50 0 23 hr. min.

9. Birthplace Jarvis Township Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation House work  
11. Industry or business at Home

MOTHER FATHER { 12. Name Charles Hall  
13. Birthplace Jarvis Township Illinois  
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Anna Laurer  
15. Birthplace Jarvis Township Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature George Wendler  
(b) Address R.R. #2 Collinsville, Ill.

17. (a) Removal (b) Date thereof Dec. 5/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Collinsville, Ills.

18. (a) Signature of funeral director Geo. M. Schuappes  
(b) Address Collinsville, Ill.

19. (a) DEC 8 1940 (b) J. F. Breche  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison  
(c) City or town Collinsville  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route 2  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5  
year 1940 hour 2 minute 21 P. M.

21. I hereby certify that I attended the deceased from  
December 3, 1940, to December 5, 1940;

that I last saw her alive on December 5, 1940;

and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolus Duration \_\_\_\_\_

Due to myocardial thrombus

Due to Rheumatic heart disease with auricular fibrillation

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

While at work? (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature J. F. Breche (M. D. or other) \_\_\_\_\_  
Address BARNES HOSPITAL Date signed 12-5-40

**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 me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Leo M. Schaeppel

Licensed Embalmer No. 1598

P. O. Address Calumet, Ill.

**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.**