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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8591

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2061

1. PLACE OF DEATH:
(a) County: Missouri
(b) City or town: St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 11 Days (Specify whether years, months or days) In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: 000
(c) City or town: ST. LOUIS 117 (If outside city or town limits, write "RURAL")
(d) Street No.: 222a W. COURTOIS ST. (If rural, give location)
(e) If foreign born, how long in U. S. A.? O years.

3. (a) PRINT FULL NAME: George Wenderoth
3. (b) If veteran, name war: NO
3. (c) Social Security No.: 489-01-0393
4. Sex: MALE O
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: MARIE
6. (c) Age of husband or wife if alive: 56 years
7. Birth date of deceased: FEB (Month) 23 (Day) 1880 (Year)
8. AGE: Years 61 Months 0 Days 6 If less than one day hr. min.
9. Birthplace: ST. LOUIS (City, town, or county) O MO (State or foreign country)
10. Usual occupation: STATIONARY FIREMAN
11. Industry or business:
FATHER 12. Name: CHRIST WENDEROTH.
13. Birthplace: NEW ORLEANS (City, town, or county) / LA. (State or foreign country)
MOTHER 14. Maiden name: SUSAN CAPPELLA.
15. Birthplace: HERMAN (City, town, or county) A MO (State or foreign country)
16. (a) Informant: MARIE WENDEROTH.
(b) Address: 222a W. COURTOIS. ST
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: MAR 4 41 (Month) (Day) (Year)
(c) Place: burial or cremation: OAKDALE CEM.
18. (a) Signature of funeral director: [illegible]
(b) Address: 7124 Washington
19. (a) MAR 3 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st year 1941 hour 3 minute 05 A.M.
21. I hereby certify that I attended the deceased from 2/19/41, 19__, to 3/1/41, 19__; that I last saw him alive on 3/1/41, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic Heart Disease — Duration
Due to: Infarct of Heart
Due to: Infarct of Kidney
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: None. Of autopsy: As above.

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: O
23. Signature: James T. Murphy (M. D. or other)
Address: 1515 Lafayette Ave Date signed: 2-1-41

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....925

P. O. Address.....St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.