

S. No. 2
M-1.4-41
v. 5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30445**
Registrar's No. **7784**

Registration District No. **799**
Filed **OCT 28 1941**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
00
17
9

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **4 Days**
(Specify whether
In this community **0**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **000**
(c) City or town **ST. LOUIS 20 17**
(If outside city or town limits, write "RURAL")
(d) Street No. **3714A N. 21st ST. 9**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Alfred Wendt**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced. **MARRIED**
6. (b) Name of husband or wife **PAULINE WENDT** 6. (c) Age of husband or wife if alive **50** years
7. Birth date of deceased **JANUARY 23 1884**
(Month) (Day) (Year)

8. AGE: Years **57** Months **8** Days **3** If less than one day
hr. min.

9. Birthplace **ST. LOUIS MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **CARPENTER for SELF**

11. Industry or business.....

MOTHER FATHER { 12. Name **DAVID WENDT**

13. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)

14. Maiden name **MARIA ROLAND**

15. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Pauline Wendt**

(b) Address **3714A N. 21st ST.**

17. (a) **BURIAL** (b) Date thereof **SEPT. 29 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **NEW BETHLEHEM CEM.**

18. (a) Signature of funeral director **BEIDERWIEDER F.H. INC.**
(b) Address **1936 ST. LOUIS AV.**

19. (a) **SEP 29 1941** (b) **J. J. Beedock**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **26**,
year **1941** hour **10:10** minute **P.** M.
21. I hereby certify that I attended the deceased from **September**
23, 19 **41** to **September 26**, 19 **41**
that I last saw him alive on **September 26**, 19 **41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral thrombosis**
Mitral stenosis

Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy **none**

Duration
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) (e) Means of injury.....

23. Signature **R. J. Mulligan** (M. D. number) **0**
Address **1515 Lafayette Avenue** Date signed **9/27/41**

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.....

Dale Harness

....., Registered Apprentice No. *797*

working under my personal supervision.

Signed.....

Delia J. Krupin

Licensed Embalmer No. *3497*

P. O. Address. *1936 St. Louis Ave*

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, fact should be so stated above.