

FILED NOV 6 1942

Registration District No. _____ Primary Registration District No. 109

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

96
56

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
7239 Bruno
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. nil
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Maplewood
(If outside city or town limits, write "RURAL")

(d) Street No. 7239 Bruno
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Annie Theresa Wenzel

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31
year 1942 hour 8 minute A.M.

21. I hereby certify that I attended the deceased from May 1937
_____, 19____, to 10-31, 1942
that I last saw him alive on 10-30, 1942
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife Ambrose Wenzel

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

7. Birth date of deceased Oct. 5, 1858
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis
Duration 2 years

8. AGE: Years Months Days If less than one day

84 0 26 hr. min.

Due to Senility

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 93d

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name McDonald

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

14. Maiden name Unknown

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant William Wenzel

(b) Address 7239 Bruno

17. (a) Burial (b) Date thereof 11-2-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cem.

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 _____

18. (a) Signature of funeral director Jay B. Smith
7456 Manchester

(b) Address _____

19. (a) NOV 2 - 1942 (b) C. J. Mc Gowan
(Date received local registrar) (Registrar's signature)

23. Signature J. R. Baker (M. D. or other) M. D.

Address 2816 Section Ave Date signed 11-2-42

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..... *J.P. Burgess*.....
Licensed Embalmer No. *4029*.....
P. O. Address..... *Maplewood*.....

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.