

**APR 23 1943**  
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**  
(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**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: **In hospital or institution 9 Days**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **98**  
(c) City or town **Richmond Heights** **N.R.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **7032 Nashville**  
(If rural, give location)  
(e) Citizen of foreign country? **/** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Marie Josephine Wentz**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **Nil**

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

6. (b) Name of husband or wife **Raymond Wentz** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Dec. 26, 1879**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**63 3 18** hr. \_\_\_\_\_ min.

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

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER } 12. Name **Christopher Schmetzer**

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

14. Maiden name **Christine Koch**

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

16. (a) Informant **Beatrice McCoy**

(b) Address **7032 Nashville**

17. (a) **Burial** (b) Date thereof **4/16/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peters Cemetery**

18. (a) Signature of funeral director **Edith E. Ambruster**

(b) Address **4234 Manchester**

19. (a) **APR 23 1943** (b) **J. J. Bredack**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **14**, year **1943** hour **3:15** minute **A.** M.

21. I hereby certify that I attended the deceased from **April 6**, 19**43** to **April 14**, 19**43**  
that I last saw her alive on **April 14**, 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**

Due to **Hypertension**

Due to **82**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy **refused**

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?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature **J. J. Bredack** (M, D, or other) **W/14/43**  
Address **1515 Lafayette Avenue** Date signed \_\_\_\_\_

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.....

*Thomas Eynok*

Licensed Embalmer No.....

*1284*

P. O. Address.....

*St. Louis 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, fact should be so stated above.**