

S. No. 2  
M-543  
7-5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 15313

FILED MAY 2 1946  
Registration District No. 318

Primary Registration District No.

Registrar's No. 8837

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: 4435 Red Bud Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. None (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4435 Red Bud Ave  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Minnie Wentz  
(b) If veteran, name war None (c) Social Security No. None  
4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Robert C. Wentz  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased July 24, 1871  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 25, year 1946 hour 4:30 AM minute M.  
21. I hereby certify that I attended the deceased from April 20, 1946, to April 25, 1946  
that I last saw her alive on April 25, 1946 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
74 9 1 hr. min.  
9. Birthplace Mount Vernon Ind. /  
(City, town, or county) (State or foreign country)  
10. Usual occupation At home  
11. Industry or business  
12. Name Frederick Dexheimer  
13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Christina Wittner  
15. Birthplace Unknown Germany /  
(City, town, or county) (State or foreign country)  
16. (a) Informant Miss Maeta Wentz  
(b) Address 4435 Red Bud Ave  
17. (a) Burial (b) Date thereof 4/27/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Hiram Park Cemetery  
18. (a) Signature of funeral director Math Hermann & Son  
(b) Address 2161 East Fair Ave  
19. (a) APR 27 1946 J. F. Bredeek  
(Date received local registrar) (Registrar's signature)

Immediate cause of death Cancer Roany  
Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy  
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 A. H. Downing (M. D. or other)  
Address 2342 St. Louis Ave Date signed 4/26/46

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

---

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 Gustav W Dieterle  
Licensed Embalmer No. 43) 29  
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.