

S. No. 2  
1-12-45  
7-5-17-39  
I X47070

DEPARTMENT OF HEALTH  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11805  
Registrar's No. 717

FILED APR 3 1947

Registration District No. 377

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
3001 Bartold Avenue  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 3001 Bartold Avenue  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WENDLING, Charles Joseph

3. (b) If veteran, name war Unknown

3. (c) Social Security No. None

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Lutie Wittenbrock Wendling alive \_\_\_\_\_ years

6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased February 2, 1850  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>97</u>	<u>1</u>	<u>23</u>	hr. _____ min. _____

9. Birthplace Alsace-Lorraine  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Yardmaster Terminal R.

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

MOTHER FATHER {

12. Name Unknown Wendling

13. Birthplace Alsace-Lorraine  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Worth

15. Birthplace Alsace-Lorraine  
(City, town, or county) (State or foreign country)

16. (a) Informant H. G. Moran

(b) Address 3001 Bartold St. Louis 17, Mo.

17. (a) Cremation (b) Date thereof March 29, 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address 6633 Clayton Rd. St. Louis 17

19. (a) 3-29-47 (b) Robert J. Ambruster  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26  
year 1947 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 4<sup>th</sup> 1947 to March 26, 1947  
that I last saw him alive on Mon 26<sup>th</sup> 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis 12 days

Due to seriously

Other conditions Fractured left hip  
(Include pregnancy within 3 months of death)  
Oct 12-46 no repairs occurred

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

Of autopsy \_\_\_\_\_

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) Fractured left femur

(b) Date of occurrence Oct 12-46

(c) Where did injury occur? at his home (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
3001 Bartold

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury Fell in yard

23. Signature Robert J. Ambruster (M.D. or other) MD

Address 3500 Cambridge Mapleswood Date signed 3-27-47

MAY 15 1947

SEP 13 1948

---

---

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..... *Arnold W. Schoene* .....

Licensed Embalmer No. *3864* .....

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.