V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 4 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26198

Primary Registration District No. 1003

Registrar's No. 7006

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

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

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

3. (a) PRINT FULL NAME Tilden Hendrix Wendleton
3. (b) If veteran, name war No
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 12 (Day) 1876 (Year)

8. AGE: Years	Months	Days	If less than one day
70	11	15	hr. min.

9. Birthplace Morgan (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
MOTHER 12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
FATHER 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. McClein
(b) Address 1332 Shawmut Pl.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-47 (Month) (Day) (Year)
(c) Place: burial or cremation Versailles, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 700 Washington Blvd.
19. (a) JUL 28 1947 (Date received by local registrar) (b) J. F. Berick (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 27 year 1947 hour 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from July 19, 1947 to 27 July 1947 that I last saw him alive on 27 July 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic heart disease	several yrs
Due to:	
Due to:	
Other conditions: Gangrene right leg (Include pregnancy within 3 months of death)	
Major findings: Of operations: Gangrene right leg — arteriosclerosis vessels & thrombosis	
Of autopsy	

PHYSICIAN — Underline the cause of 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)
While at work? (e) Means of injury
23. Signature Vincent G. Carder M.D. (M. D. or other)
Address Mo Pac Hosp Date signed 27 July 47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

AUG 8 1947

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 Henry M. Brammer

Licensed Embalmer No. 42100

P. O. Address.....

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.