No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3235

FILED JAN 16 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 47

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: St. Lukes 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Wk. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 0

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2053 Blendon 9
(If rural, give location)

(e) Citizen of foreign country? 4 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Charles A. Wenzel

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

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

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Jan. 6, 1889 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
58	11	27	hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Boilermaker

11. Industry or business

FATHER
12. Name Ambrose Wenzel 1
13. Birthplace Quincy, Illinois
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Annie McDonald
15. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Wenzel
(b) Address 2053 Blendon

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-5-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cem.

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

19. (a) JAN 5 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3
year 1948 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec 27, 1947, to 3 Jan. 1948
that I last saw him alive on Jan. 2, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Lung — Duration 1 yr.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 47

Major findings:
Of operations

Of autopsy Carcinoma of Lung

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 — 0

23. Signature Geo. W. Ittner (M. D. ~~on other~~)
Address 3720 Washington Ave Date signed 1-3-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 H E Burgiss

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.