

S. No. 2
1-1/47
5-17-39

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **11147**
Registrar's No. **245**

Registration District No. **3787**

Primary Registration District No. **6076**

96
0
7

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 4709 Seibert
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Gardenville
(If outside city or town limits, write "RURAL")

(d) Street No. 4709 Seibert
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME Frederick W. Wanner

3. (b) If veteran, name war none 3. (c) Social Security No. _____

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Blanche A. 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased October 4 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	5	12	br. min.

9. Birthplace Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Packing House

12. Name Frederick C. Wanner

13. Birthplace not known
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Blanche A. Wanner

(b) Address 4709 Seibert

17. (a) Burial (b) Date thereof 3-20-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director John L. Ziegenhein & Sons

(b) Address 7027 Gravois Ave

19. (a) MAR 19 1948 (b) Carroll Shapp
(Date received from registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3- day 16
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Feb. 6, 1948 to March 16, 1948
that I last saw him alive on March 11, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Thrombosis
Due to Chronic Myocarditis

Due to with dilatation of aorta

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

Major findings: 93 d

Of operations _____

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 0

23. Signature H. S. Pruet (M. D. or other) _____

Address 6006 Virginia Date signed 3-18-48

MOTHER FATHER

96
11
0
0

48

MAY 4 1948

APR 11 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 Francis J. Durana

Licensed Embalmer No. 2245

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.