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7-39
3908

Registration District No. 377

Primary Registration District No. 3063

Registrar's No. 2-17

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

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town CLAYTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. LOUIS COUNTY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 hrs 55 mins
(Specify whether
In this community 44 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ST. LOUIS 96
(c) City or town WEBSTER GRANES
(If outside city or town limits, write "RURAL")
(d) Street No. 718 NO. FORE
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

JOHN WENZ

3. (b) If veteran,
name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife SOPHIE 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 4 17 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 6 15 hr. _____ min.

9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation used Furniture dealer

11. Industry or business used Furniture

MOTHER FATHER

12. Name JOHN WENZ
13. Birthplace MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name MARIE STOK
15. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. McDaniel

(b) Address 3745 LINCOLN

17. (a) Burial (b) Date thereof 11-5-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Meyer Pfitzinger

(b) Address Kirkwood

19. (a) 11-4-48 (b) Carol J. Johnson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 2
year 1948 hour 3 minute 00 P. M.

21. I hereby certify that I attended the deceased from NOVEMBER 1
1948 to NOVEMBER 2, 1948
that I last saw him alive on NOVEMBER 2, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
acute pulmonary edema

Due to cardiac failure

Due to arteriosclerotic Heart Disease

Other conditions (include pregnancy within 3 months of death) 93d

Major findings: Of operations 0
Of autopsy 0

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) _____
(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 0

23. Signature J. Johnson (M. D. or other)
Address 801 S Brentwood Date signed 11/2/48

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.....

John M. Meyer

Licensed Embalmer No. *3288*

P. O. Address *Kirkwood 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.