FILED JUN 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22128

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5403

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3944 S BROADWAY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS 224 9

d. STREET ADDRESS (If rural, give location) 3944 S. BROADWAY

3. NAME OF DECEASED (Type or Print) a. (First) CATHERINE KATHERINE b. (Middle) WENZEL c. (Last) WENZEL

4. DATE OF DEATH (Month) JUNE (Day) 17 (Year) 1950

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED, ~~NEVER MARRIED, WIDOWED, DIVORCED~~ (Specify) MARRIED

8. DATE OF BIRTH OCT 3 1905

9. AGE (In years last birthday) 44 IF UNDER 1 YEAR Months 8 Days 14 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) THREAD PULLER

10b. KIND OF BUSINESS OR INDUSTRY ALLIGATOR CLOTHING

11. BIRTHPLACE (State or foreign country) MISSOURI

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME NICHOLAS KLAUS

13b. MOTHER'S MAIDEN NAME ANNA WILD

14. ~~NAME OF~~ HUSBAND ~~OR WIFE~~ MATTHEW WENZEL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME MATTHEW WENZEL ADDRESS 3944 S BROADWAY

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 19 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) Degenerative Heart Disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Phlebothrombosis — 1 day

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 4201

22. *I hereby certify that I attended the deceased from* May, 1950, *to* June, 1950, *that I last saw the deceased alive on* 6-17, 1950, *and that death occurred at* 11 45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Arthur J. Meagher MD (Degree or title)

23b. ADDRESS 3805 So Broadway

23c. DATE SIGNED 6-19-50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE JUN 21 1950

24c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PK.

24d. LOCATION (City, town, or county) ST. LOUIS MO (State)

DATE REC'D BY LOCAL REG. JUN 20 1950

REGISTRAR'S SIGNATURE J. B. Lasater

25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis ADDRESS 2906 Bravois

(Licensed Embalmer's Statement on Reverse Side)

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

7-22-50

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Leo J. Budde

Signed.....
Student Embalmer

Licensed Embalmer No. 3989

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Mo } ss.
County of St Louis }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 22128
Local Registrar's No. 5403

On this 30 day of June, 1950, before me appears Matthew Wenzel, who, upon his oath, states that the original record of ~~birth~~ death for Catherine Wenzel, died ~~born~~ June 17, 1950, in the State of Missouri, and which was filed at St Louis Mo on June 20, 1950, should be corrected as follows:

Item No. 3 should read Catherine Wenzel
Instead of Katherine Wenzel
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant: Matthias Wenzel Informant
Relationship.

3944 So Broadway St Louis Mo
Present Address.

Subscribed and sworn to before me this 30 day of June, ~~194~~ 1950

My Commission expires 3-4-53

Bela Paddock Notary Public.

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7817