

STANDARD CERTIFICATE OF DEATH

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Jacob 8720	
c. LENGTH OF STAY (in this place) 8 days		d. STREET ADDRESS (If rural, give location) X	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. Louis Childrens Hosp			

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Henry c. (Last) Wendler		4. DATE OF DEATH (Month) (Day) (Year) 12 18 50	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH 3-8-49
9. AGE (In years last birthday) 1		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Centralia, Illinois
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Henry J. Wendler		13b. MOTHER'S MAIDEN NAME Mary Smith		14. NAME OF HUSBAND OR WIFE	
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 J. Stagashi 500 So. Kingshighway	

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* MEDICAL CERTIFICATION Medulloblastoma of 4 th ventricle non-malignant		INTERVAL BETWEEN ONSET AND DEATH 1 mo
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION 12-18-50		19b. MAJOR FINDINGS OF OPERATION Craniotomy - Medulloblastoma of 4 th vent.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 223X	

22. I hereby certify that I attended the deceased from 12-10, 1950, to 12-18, 1950 that I last saw the deceased alive on 12-18, 1950, and that death occurred at 12:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE Wm. G. Klingberg MD		23b. ADDRESS		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE DEC. 18 1950		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Troy ILLINOIS	
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DATE REC'D BY LOCAL REG. DEC 18 1950		REGISTRAR'S SIGNATURE J. B. Lancaster		25. FUNERAL DIRECTOR'S SIGNATURE Jewel S. Edwards		ADDRESS Troy, Illinois	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Jewel S. Edwards

Signed.....
Student Embalmer

Licensed Embalmer No. 3548

P. O. Address Tray Illinois

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.