

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42996**
10734
Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. 518		PRIMARY REG. DIST. NO. _____		1003	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) St Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St Louis		2079	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5962 Wanda				d. STREET ADDRESS (If rural, give location) 5962 Wanda			
3. NAME OF DECEASED (Type or Print) a. (First) Gustav b. (Middle) _____ c. (Last) Wendrich			4. DATE OF DEATH (Month) (Day) (Year) Dec. 14, 1950				
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Feb 6, 1878	
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired			10b. KIND OF BUSINESS OR INDUSTRY brewery worker		11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Karl Wendrich			13b. MOTHER'S MAIDEN NAME not known		14. NAME OF HUSBAND OR WIFE Mary Wendrich		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <i>Mrs Elmer Alfred W. Schuberger</i>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Generalized Carcinomatosis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Carcinoma, Gastric.</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION no					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 157X			
22. I hereby certify that I attended the deceased from June 1, 1948 , to Dec. 13, 1950 , that I last saw the deceased alive on Dec. 13, 1950 , and that death occurred at 10:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE <i>Ellis L. Pelloix</i>			23b. ADDRESS M.D. 3450 Gravois		23c. DATE SIGNED 12/15/50		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 12/18/50	24c. NAME OF CEMETERY OR CREMATORY N St Marcus Cemetery		24d. LOCATION (City, town, or county) (State) St Louis, Mo.		
DATE REC'D BY LOCAL REG. L.C. 16		REGISTRAR'S SIGNATURE <i>J. B. Lester</i>		25. FUNERAL DIRECTOR'S SIGNATURE J L Ziegenhein & Sons			
				ADDRESS 7027 Gravois			

(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.....

Francis J. Brown

Signed.....
Student Embalmer

Licensed Embalmer No. 2245

P. O. Address 2245

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.