FILED AUG 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30273

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2224

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ~~PINE LAWN~~ CLAYTON
c. LENGTH OF STAY (in this place) DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ENROUTE ST. LOUIS COUNTY HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) PINE LAWN 4161
d. STREET ADDRESS (If rural, give location) 6215 LEXINGTON

3. NAME OF DECEASED (Type or Print)
a. (First) EDGAR
b. (Middle) LENORA
c. (Last) WENRICK

4. DATE OF DEATH (Month) (Day) (Year) AUG-23-1952

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH JUNE-4-1887
9. AGE (In years last birthday) 65 — IF UNDER 1 YEAR Months 2 Days 18 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DECORATOR
10b. KIND OF BUSINESS OR INDUSTRY PAINT & PAPER
11. BIRTHPLACE (State or foreign country) ST. LOUIS - MO
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME FRANK H. WENRICK
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE IRENE WENRICK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WORLD WAR-1
16. SOCIAL SECURITY NO. 494-10-6356
17. INFORMANT'S SIGNATURE OR NAME Mrs Irene Wenrick ADDRESS 6215 Lexington

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) Haemorrhage

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Ruptured septic mean.

DUE TO (c) 5400

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 8-21-8-22 32.

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?

22. *I hereby certify that I attended the deceased from* 8-22-52, 19___, *to* 8-23, 1952, *that I last saw the deceased alive on* 8-22-52, 19___, *and that death occurred at* 12.47 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE Clarence G. Drum (Degree or title) M.D.
23b. ADDRESS 1927 [illegible]
23c. DATE SIGNED 8-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE AUG-26-52
24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY
24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY - MO

DATE REC'D BY LOCAL REG. 8-25-52
REGISTRAR'S SIGNATURE Herbert R. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE L. B. Tanner ADDRESS 6107 Natural Bridge

SW (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.....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Jo Wm Brinkley

Licensed Embalmer No. 365 B

P. O. Address St Louis Mo

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

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