

FILED SEP 16 1954

STANDARD CERTIFICATE OF DEATH

32624

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2047

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) Pagedale		c. CITY (If outside corporate limits, write RURAL and give township) Pagedale H 28	
c. LENGTH OF STAY (In this place) 20 Yrs.		d. STREET ADDRESS (If rural, give location) 1550 Ferguson Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1550 Ferguson Ave.		d. STREET ADDRESS (If rural, give location) 1550 Ferguson Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Wantling c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 8/24/54		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 8/8/1871		9. AGE (In years last birthday) 83		10. MONTHS (Year) (Day) (Min.) 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self-Emp.		10b. KIND OF BUSINESS OR INDUSTRY Salesman		11. BIRTHPLACE (State or foreign country) Springfield, Ill	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Noah Wantling		13b. MOTHER'S MAIDEN NAME Nancy Ann Hazel	
14. NAME OF HUSBAND OR WIFE Maude Wantling Dec.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Virginia Vibbard		ADDRESS 1550 Ferguson			

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* (a) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 3	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Generalized Arteriosclerosis			
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		19b. MAJOR FINDINGS OF OPERATION		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) 4200	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **8/18**, 19**54**, to **8/24**, 19**54**, that I last saw the deceased alive on **8/24**, 19**54**, and that death occurred at **9:00 a.m.**, from the causes and on the date stated above.

23. SIGNATURE Wm. Weber		23b. ADDRESS 1506 Hadcamont		23c. DATE SIGNED 8/25/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/26/54		24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
DATE REC'D BY LOCAL REG. 8/26/54		REGISTRAR'S SIGNATURE Wm. Weber		25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark		ADDRESS 1125 Hodiamont Ave.	

(Licensed Embalmer's Signature on Reverse Side)

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

400/1

✓ 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.....
Student Embalmer

Signed Alfred J. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont

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.