

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4028

FILED MAR 7 1955

State File No.
Registrar's No. 223

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 30 yrs		e. STREET ADDRESS (If rural, give location) 1118 South 19th St. 01170	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1118 South 19th St.			

3. NAME OF DECEASED (Type or Print)	a. (First) Anton	b. (Middle) F	c. (Last) Wende	4. DATE OF DEATH (Month) (Day) (Year) Feb. 23, 1955
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5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 14, 1905	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman Box Maker	10b. KIND OF BUSINESS OR INDUSTRY Candy Co.	11. BIRTHPLACE (City and State or Foreign Country) Wathena, Kansas	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME William Wende	13b. MOTHER'S MAIDEN NAME Albertina Groenke	14. NAME OF HUSBAND OR WIFE Loretta Wende
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 491-10-8042	17. INFORMANT'S SIGNATURE OR NAME Loretta Wende	ADDRESS 1118 So. 19th City
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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) <i>Coronaries of heart</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Aug 1954</i>
	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. <i>as above</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 5810	(COUNTY)	(STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *8/30*, 19*54*, to *2/22*, 19*55*, that I last saw the deceased alive on *2/22*, 19*55*, and that death occurred at *4:55a* m., from the causes and on the date stated above.

23a. SIGNATURE <i>Frank Van Dyke</i>	(Degree or title)	23b. ADDRESS <i>620 Frances St</i>	23c. DATE SIGNED <i>2/23/55</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 25, 55	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	24d. LOCATION (City, town, or county) St. Joseph, Mo. (State)
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DATE REC'D BY LOCAL REG. <i>Feb. 28, 1955</i>	REGISTRAR'S SIGNATURE <i>Kathleen M. Allison</i>	485	25. FUNERAL DIRECTOR'S SIGNATURE <i>Herman W. Sidenfaden</i>	ADDRESS <i>St Joseph, Mo</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

OCT 10 1962

APR 30 1958

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

Signature of Student Embalmer

Signed

Robert H. Gape

Licensed Embalmer No. 3308

P. O. Address St. Joseph

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.