

MO. 300
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FILED MAY 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17192

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>1010</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>Clayton</u>		c. LENGTH OF STAY (In this place) <u>3 Weeks</u>		c. CITY OR TOWN <u>Kirkwood</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>				STREET ADDRESS (If rural, give location) <u>Rt #13 Box 443 Barrett Sta. Rd.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>			b. (Middle) <u>Daniel</u>		c. (Last) <u>Wenzel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5 1 55</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 11 1886</u>		9. AGE (In years last birthday) <u>69</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>			10b. KIND OF BUSINESS, OR INDUSTRY <u>W. P. A. Foreman</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>America</u>	
13a. FATHER'S NAME <u>Wm. Ambrose Wenzel</u>			13b. MOTHER'S MAIDEN NAME <u>Theresa McDonald</u>			14. NAME OF HUSBAND OR WIFE <u>Charlotte Wenzel</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>498-10-754</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charlotte Wenzel</u> ADDRESS <u>Rt #13 Box 443 K'w'd Mo.</u>				
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) <u>Plasma Cell Myeloma</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myeloma in Liver</u>				?	
				DUE TO (c) <u>Myeloma in Bone Marrow</u>				<u>1 1/2 yrs</u>	
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Arteriosclerosis</u>				?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>205X</u>						20. AUTOPSY? YES <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>3</u>					
22. I hereby certify that I attended the deceased from <u>4-10</u> , 19 <u>55</u> , to <u>5-1</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>5-1</u> , 19 <u>55</u> , and that death occurred at <u>6:30 pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Richard A. Juis</u> (Degree or title)				23b. ADDRESS <u>M.O. 6013 Brentwood Blvd</u>			23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-3-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kirkwood 22 Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5/2/55</u>		REGISTRAR'S SIGNATURE <u>Wesley R. Blomke, M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Meyer-Pfitzinger</u> ADDRESS <u>Kirkwood 22 Mo.</u>				

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.....
Signature of Student Embalmer

Signed *William H. Fitzgibbon*.....

Licensed Embalmer No. *431*.....

P. O. Address *Kukwool*.....

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.