

FILED AUG 4 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24546

318

1003

5956

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST. LOUIS, MISSOURI</i>		c. CITY OR TOWN <i>Lemay 23, Mo.</i>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>BARNES HOSPITAL</i>		e. STREET ADDRESS (If rural, give location) <i>735 Erskine</i>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) <i>HELEN</i>	b. (Middle) <i>ELIZABETH</i>	c. (Last) <i>WENDE</i>	<i>July 8, 1955</i>				
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>Mar. 19, 1900</i>	9. AGE (In years last birthday) <i>55</i>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>St. Louis, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>0</i>		

13a. FATHER'S NAME <i>Anthony G. Bauer S.</i>	13b. MOTHER'S MAIDEN NAME <i>Helena Rick</i>	14. NAME OF HUSBAND OR WIFE <i>Henry Wendt</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>none</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Harvey Wendt</i>	ADDRESS. <i>735 Erskine, Lemay, Mo.</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>2 1/2 yrs.</i>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of Cervix with generalized Metastases</i>		DUE TO (b) _____		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</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) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <i>171X</i>

22. I hereby certify that I attended the deceased from *5-27*, 1955, to *7-8*, 1955, that I last saw the deceased alive on *7-8*, 1955, and that death occurred at *3:15 P. m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>FR Munday</i>	(Degree or title) <i>M. D.</i>	23b. ADDRESS <i>BARNES HOSPITAL</i>	23c. DATE SIGNED <i>7-8-55</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24b. DATE <i>7-11-55</i>	24c. NAME OF CEMETERY OR CREMATORY <i>SS Peter & Paul</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>
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DATE REC'D BY LOCAL REG. <i>JUL 11 1955</i>	REGISTRAR'S SIGNATURE <i>J. Cash Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Southern Funeral Home</i>	ADDRESS <i>6322 S. Grand Blvd., St. Louis, Mo.</i>
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(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 emb

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.