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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Reg. No. 9405 SL-1359

State File No. 24548

BIRTH FILED AUG 4 - 1955

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 5565

1. PLACE OF DEATH  
a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN **915 N. Grand, St. Louis, Mo.**

c. LENGTH OF STAY (in this place) **1 day**

d. FULL NAME OF HOSPITAL OR INSTITUTION **VETERANS ADMINISTRATION HOSP.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **MISSOURI**  
b. COUNTY **ST. LOUIS**

c. CITY OR TOWN **JENNINGS**

d. Is Residence within limits of a city or incorporated town?  
Yes  No

e. STREET ADDRESS (If rural, give location) **2618 HORD**

3. NAME OF DECEASED  
a. (First) **JOSEPH**  
b. (Middle) **(N)**  
c. (Last) **WENDLING JR.**

4. DATE OF DEATH  
(Month) (Day) (Year)  
**6-26-55**

5. SEX **MALE**  
6. COLOR OR RACE **WHITE**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED**

8. DATE OF BIRTH **5-9-1892**

9. AGE (In years at birthday) **63**  
if UNDER 1 YEAR: Months Days  
if UNDER 1 WEEK: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **GLASS CONTRACTOR**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) **ST. LOUIS, MO.**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **JOSEPH WENDLING**

13b. MOTHER'S MAIDEN NAME **KATIE MORGAN**

14. NAME OF HUSBAND OR WIFE **EDITH A. WENDLING**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **YES**  
(If yes, give war or dates of service) **WW-1**

16. SOCIAL SECURITY NO. **499 01 9537**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
**VA HOSP. RECORDS, ST. LOUIS, MO.**

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, ashenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **MASSIVE GASTROINTESTINAL HEMORRHAGE**

ANTECEDENT CAUSES  
DUE TO (b) **GASTROINTESTINAL HODGKINS DISEASE**  
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS  
*Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH  
**2 days**

**Undetermined**

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)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?  
**201X**

22. I hereby certify that I attended the deceased from **6-26-55**, 19\_\_\_, to **6-26-55**, 19\_\_\_, ~~from the time of death to the time of death~~, and that death occurred at **9:30p. m.**, from the causes and on the date stated above.

23a. SIGNATURE **J. T. Kaminski** (Degree or title) **M.D.**

23b. ADDRESS **VA Hosp. 915 N. Grand, St. Louis, Mo.**  
23c. DATE SIGNED **6-27-55**

24a. BURIAL OR CREMATION (Specify) **Removal**

24b. DATE **6-30-55**

24c. NAME OF CEMETERY OR CREMATORY **National Cem.**

24d. LOCATION (City, town, or county) (State) **Jeff. Brks., Mo.**

DATE REC'D BY LOCAL REG. **JUN 27 1955**  
REGISTRAR'S SIGNATURE **J. C. Smith**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
**Southern Funeral Home**  
**6322 S. Grand Blvd., S. Louis, Mo.**

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 *David Van Fossan*.....

Licensed Embalmer No. *424*.....

P. O. Address *at Lewis*.....

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.