

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25316**
6212

FILED JUL 25 1956

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

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|-----------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY _____ | | 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 township) OR TOWN St. Louis | | c. CITY OR TOWN Kirkwood 4673 | |
| c. LENGTH OF STAY (In this place) _____ days | | 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 St. Lukes Hospital | | e. STREET ADDRESS (If rural, give location) 946 Curran Ave. | |

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|-------------------------------------|--------------------------|-------------------|------------------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Frieda | b. (Middle) _____ | c. (Last) Wendt | 4. DATE OF DEATH (Month) (Day) (Year) |
| | | | | 6 30 1956 |

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|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------|----------------------------------------|-------------------------------------------|------------------------------------------------|----------------------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH July 25, 1881 | 9. AGE (In years last birthday) 74 | IF UNDER 1 YEAR Months 11 Days 5 | IF UNDER 2 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) never worked | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (City and State or Foreign Country) Cologne, Germany | 12. CITIZEN OF WHAT COUNTRY? US | | | |

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|--------------------------------------|------------------------------------------|------------------------------------------------|
| 13a. FATHER'S NAME Fred Kratz | 13b. MOTHER'S MAIDEN NAME unknown | 14. NAME OF HUSBAND OR WIFE Henry (Dec) |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If res. give war or dates of service) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME Henry Wendt | ADDRESS 946 Curran, Kirkwood " " Mo. |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolus | | days |
| | ANTECEDENT CAUSES 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. Diabetes mellitus | | years |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? _____ |

22. I hereby certify that I attended the deceased from **March 7, 1950**, to **June 30, 1956**, that I last saw the deceased alive on **June 30, 1956**, and that death occurred at **8:45 a.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE [Signature] (Degree or title) M.D. | 23b. ADDRESS 3720 Washington Blvd., St. Louis | 23c. DATE SIGNED 7/2/56 |
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|---------------------------------------------------------|-------------------------|---------------------------------------------------------------|-----------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE 7/3/56 | 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory | 24d. LOCATION (City, town, or county) (State) St. Louis Co Mo. |
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|--------------------------------------------|------------------------------------------|-----------------------------------------------------|-----------------------------|
| DATE REC'D BY LOCAL REG. JUL 2 1956 | REGISTRAR'S SIGNATURE [Signature] | 25. GENERAL DIRECTOR'S SIGNATURE [Signature] | ADDRESS Kirkwood Mo. |
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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 *Benjamin*.....

Licensed Embalmer No. *4366*

P. O. Address *St. Louis*

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.