

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH **1003**

State File No. **42768**
Registrar's No. **10889**

FILED NOV 21 1957

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. _____

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|--|--|---|-------------------------------------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before admission). a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | c. LENGTH OF STAY (In this place) 16 days | c. CITY OR TOWN St. Louis |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Chronic Hosp. | | STREET ADDRESS (If rural, give location) 4646 Elmbank | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) c. (Last) Wendoll | | 4. DATE OF DEATH (Month) (Day) (Year) 11 13 1957 | |
| 5. SEX male | 6. COLOR OR RACE col. | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower | 8. DATE OF BIRTH 5-30-1893 |
| 9. AGE (In years last birthday) 64 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) lab. r. | 11. BIRTHPLACE (City and State or Foreign Country) Tenn. |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY | 12. CITIZEN OF WHAT COUNTRY? USA |

| | | |
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| 13a. FATHER'S NAME unk. | 13b. MOTHER'S MAIDEN NAME unk. | 14. NAME OF HUSBAND OR WIFE Cora Stewart |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. --- | 17. INFORMANT'S SIGNATURE OR NAME Bessie M. Bomme |
| | | ADDRESS 4646 Elmbank |

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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, asthenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia - rt. | | 20. INTERVAL BETWEEN ONSET AND DEATH 6 days |
| | ANTECEDENT CAUSES Morbidity 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. | | |

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| 19a. DATE OF OPERATION 1956 | 19b. MAJOR FINDINGS OF OPERATION Left Thoracotomy - C.A. of Unknown Type. 491XH | 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) | 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 **10-28-57**, 19___, to **11-13-57**, 19___, that I last saw the deceased alive on **11-13-57**, 19___, and that death occurred at **6:10a m.**, from the causes and on the date stated above.

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|--|------------------------------|--|---|
| 23a. SIGNATURE John W. Beckham, M.D. | (Degree or title) | 23b. ADDRESS 5800 Arsenal St. | 23c. DATE SIGNED 11/14/57 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE 11-15-57 | 24c. NAME OF CEMETERY OR CREMATORY Greenwood | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. |

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| DATE REC'D BY LOCAL REG. NOV 14 57 | REGISTERAR'S SIGNATURE Earl Smith MD | 25. FUNERAL DIRECTOR'S SIGNATURE Boyd Funeral Home | ADDRESS 3704 Finney |
|--|--|--|-------------------------------|

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..... *W. Claude Gordon*

Licensed Embalmer No. *348*

P. O. Address *4575 Al*

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.