

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006201

FILED FEB 19 1958

STATE FILE NUMBER

Registration District No. 162 Primary Registration District No. 5575 Registrar's No. 13

300
-57

1. PLACE OF DEATH a. COUNTY Jefferson,				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri, b. COUNTY Jefferson,			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Arnold,		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Arnold,		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. 2, Box 379			Length of stay in lb 12 YRS		d. STREET ADDRESS (If outside, give location) Rt. 2, Box 379		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Wendell F. Onder,				First Middle Last		4. DATE OF DEATH Month Day Year January 31, 1958	
5. SEX Male.	6. COLOR OR RACE White,	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH December 3, 1882		9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman-City-Ret.		10b. KIND OF BUSINESS OR INDUSTRY St. Louis Fire Dept.		11. BIRTHPLACE (City and state or country) St. Louis, Missouri,		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Don't Know.			13b. MOTHER'S MAIDEN NAME Don't Know.		14. NAME OF HUSBAND OR WIFE Pearl Onder		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 490-40-3002		17. INFORMANT Address Pearl Onder, Rt. 2 Box 379 Arnold, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial Infarction</i> DUE TO (b) <i>Senility</i> DUE TO (c) <i>Senility</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE Arnold Jefferson Mo			
21. I attended the deceased from Jan 5/58 to 1/31/58 and last saw the person 1/31/58 Death occurred at 2:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (In green or blue) <i>Robert E. Bauer</i>				22b. ADDRESS <i>Arnold Jefferson Mo</i>		22c. DATE SIGNED 2/1/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal.		23b. DATE 2/3/58	23c. NAME OF CEMETERY OR CREMATORY New Picker Cemetery,		23d. LOCATION (City, town, or county) (State) St. Louis, Missouri,		
24. FUNERAL DIRECTOR Gebocken-Benz Mortuary,			ADDRESS 2842 Meramec St. St. Louis, 18,		25. DATE RECD. BY LOCAL REG. No. 2-31-58		26. REGISTRAR'S SIGNATURE <i>Robert E. Bauer</i>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

FEB 10 1958

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 me Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joe S. Benz

Licensed Embalmer No. 4249
2842 Meramec St
P. O. Address St. Louis, 18;

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.