

Health, Welfare, Public Service

XC-15 173 803

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023766

STATE FILE NUMBER

A-398

NEU JUL 15 1959

Registration District No. 217

Primary Registration District No. 500

Registrar's No. 1665

300
-57

7

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MO.		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Vet. Adm. HOSPITAL		d. STREET ADDRESS (If outside, give location) 4729 ANDERSON	
Length of stay in 1b 15 days		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First HARRY Middle CHARLES Last WENTZ, Jr.			4. DATE OF DEATH Month 6 Day 18 Year 59			
--	--	--	---	--	--	--

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 5-4-92	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
-----------------------	----------------------------------	---	-----------------------------------	--	--------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TOOL & DYE MAKER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) ALTON, ILLINOIS	12. CITIZEN OF WHAT COUNTRY? USA
--	-----------------------------------	--	--

13a. FATHER'S NAME HARRY C. WENTZ	13b. MOTHER'S MAIDEN NAME EMMA MEYER	14. NAME OF HUSBAND OR WIFE ALMA WENTZ
---	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I	16. SOCIAL SECURITY NO. 305 12 2671	17. INFORMANT Address VA HOSP. RECORDS, JEFFERSON BARRACKS, 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) HYPERTENSIVE CARDIOVASCULAR DISEASE		INTERVAL BETWEEN ONSET AND DEATH 5 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 443x		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CEREBRAL THROMBOSIS; CLINICAL 4 years		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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 _____ a.m. _____ p.m. Month, Day, Year _____	
---	--

20d. INJURY OCCURRED WHILE AT WORK <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.) VA	20f. CITY, TOWN, OR LOCATION JEFFERSON BARRACKS, MO.	COUNTY JEFFERSON	STATE MO.
--	---	--	----------------------------	---------------------

21. I attended the deceased from **6-3-59** to **6-18-59** and **proposed certificate**
Death occurred at **8:35 a.m.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Charles M. Schieb George W. Schieb, Acting Dir. Prof. Service	22b. ADDRESS VA HOSP. JEFF. BRKS. MO.	22c. DATE SIGNED 6-18-59
---	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial.	23b. DATE 6/22/59	23c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County Mo.
---	-----------------------------	--	--

24. FUNERAL DIRECTOR Calvin F. Feutz	ADDRESS Funeral Home 4828 Nat'l Bridge Blvd. St., Louis Mo.	25. DATE RECD. BY LOCAL REG. 6-20-59	26. REGISTRAR'S SIGNATURE John C. Murphy M.D.
--	---	--	---

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

FILE IN COUNTY

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 *John A. Mc...*

Licensed Embalmer No. *4186*
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.