

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033159

BILLED TO SEP 7 1960

317

544

2359

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY #t. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood	Length of stay in 1b 20 yrs	c. CITY OR TOWN Kirkwood	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION #3 Sunset Lane		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) #3 Sunset Lane

3. NAME OF DECEASED (Type or print) First HENRY Middle R. Last WENDT	4. DATE OF DEATH Month August Day 4 Year 1960
--	---

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 10-13-1904	9. AGE (last birthday) 55	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
-----------------------	----------------------------------	---	---------------------------------------	-------------------------------------	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner & Operator	10b. KIND OF BUSINESS OR INDUSTRY Osage Theatre	11. BIRTHPLACE (City and state or country) Germany	12. CITIZEN OF WHAT COUNTRY USA
--	---	--	---

13a. FATHER'S NAME Henry R. Wendt	13b. MOTHER'S MAIDEN NAME Freida Kratz	14. NAME OF HUSBAND OR WIFE Charline Wendt
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. 498-01-8280	17. INFORMANT Kirkwood 22 Address Mo. #3 'Sunset Lane
---	---	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Nephritis	INTERVAL BETWEEN DEATH AND DEATH 8 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
--	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) _____	20f. CITY, TOWN, OR LOCATION _____	COUNTY _____	STATE _____
--	---	---------------------------------------	-----------------	----------------

21. I attended the deceased from **1949** to **4 August 1960** and last saw him alive on **3 August 1960**
Death occurred at **6:30 pm** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>W. Benjamin</i> (Degree or title)	22b. ADDRESS 3720 Washington Blvd.	22c. DATE SIGNED 8/5/60
--	--	-----------------------------------

23a. BURIAL, CREMATION, or other final disposition BURIAL	23b. DATE 8-6-1960	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cem.	23d. LOCATION (City, town, or county) Kirkwood 22, Mo.
---	------------------------------	--	--

24. FUNERAL DIRECTOR Pfzinger Mort. Kirkwood 22, Mo.	25. DATE RECD. BY LOCAL REG. 8-8-60	26. REGISTRAR'S SIGNATURE <i>J. B. Murphy M.D.</i>
--	---	---

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Henry H. Hurd
Preparation of
Casket 8/15/20

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bernard J. Hurd

Licensed Embalmer No. 426

P. O. Address Home

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.