

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

21827

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis 1

(No. 2620 Sidney St.)

File No.....

Registered No.....

5940

St.....

Ward.....

2. FULL NAME

August 26 Wenzel

(a) Residence. No. 2620 Sidney St. V. St. 23 Ward.....

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF

Mary Wenzel

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Sept 4 - 1858

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

69

8

27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Artist

(b) General nature of industry, business, or establishment in which employed (or employer)

Painting

(c) Name of employer

Kalitta Art. Co.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis
Mo.

10. NAME OF FATHER

John Adam Wenzel

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Grace Friedrich

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14.

INFORMANT

(Address)

Willie Wenzel
2620 Sidney St.

15.

FILED

UN - 2 1928
May C. Stanley

REGISTRAR

21 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Sept 6 - 1928

17.

HEREBY CERTIFY That I attended deceased from April 15, 1928, to May - 31, 1928 (that I last saw him alive on May 31, 1928, and that death occurred, on the date stated above, at 1:30 a.m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
131
930

(duration)

yrs.

mos.

da.

CONTRIBUTORY (SECONDARY)

Chronic nephritis

(duration)

yrs.

mos.

da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

Joseph L. Ferris, M. D.
161, 1928 (Address) 13133 Meramec

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MARKS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL

19. PLACE OF BURIAL CREMATION, OR REMOVAL

DATE OF BURIAL

St. Peter and Paul Cemetery June 4 1928

20. UNDERTAKER

ADDRESS

J. H. Gebauer & Co. 2842 Meramec

