

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

Do not use this space.  
**10757**

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis, Mo.** (No. **3210 N. Broadway**) St. .... Ward .....

File No.....  
Registered No. **2772** St. .... Ward .....

**2. FULL NAME** *Albert Wendall*

(a) Residence. No. **3210 N. Broadway** St. **26** 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**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 .....

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Oct 15 - 1853*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1	
				day, .... hrs.	or .... min.
	<i>76</i>	<i>3</i>	<i>2</i>		

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work *Common Labor*  
(b) General nature of industry, business, or establishment in which employed (or employer) *Odd Jobs*  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) *Ohio*  
(STATE OR COUNTRY)

10. NAME OF FATHER *Zacharius Wendall*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Not known*  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Not known*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Not known*  
(STATE OR COUNTRY)

14. INFORMANT *Mrs Annie Wendall*  
(Address) *3210 N. Bwy*

15. FILED *19 1930* *May C Stark*  
19..... REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Mar. 17* 19 *30*

17. I HEREBY CERTIFY, That I attended deceased from *Jan 8* 19 *30* to *March 17* 19 *30*  
that I last saw h. .... alive on *March 16* 19 *30* and that death occurred, on the date stated above, at *7:30 AM*.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*Myocarditis*  
*Chronic*

*93E*  
*95B* (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *Enlarged Heart* (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED *PHB*  
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? *8* DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) *Chas J. Ansell* M. D.  
19 *30* (Address) *2701 N 14*

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *St. Johns. North* DATE OF BURIAL *Mar 19 1930*

20. UNDERTAKER *Wey Leidner Mtd Co. St. Market* ADDRESS *1477*

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.

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