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.

21102

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 5606

City St. Louis (No. Lutheran Hospital St. ..... Ward)

2. FULL NAME August Wendt

(a) Residence, No. 3807 Botanical St., 17 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 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 Wilhelmina Wendt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12 1864

7. AGE: YEARS 68 MONTHS 2 DAYS 1 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fresco Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 7131
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 40 125B 15 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER
13. NAME Theo. Wendt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gremany

MOTHER
15. MAIDEN NAME Elizabeth Sander
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Minnie Weidh 3807 Botanical Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mo. Crematory DATE Y6 / 15 1932

19. UNDERTAKER (ADDRESS) Wm Schumacher 3013 Meramec St.

20. FILED 14 1932 Max C Hartley Registrar.

## 3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1932, to June 13, 1932
I last saw him alive on June 13, 1932 Death is said to have occurred on the date stated above, at 5:00 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Cellulitis of left leg and thigh (Cause unknown) | 5/28/32 |
| Other contributory causes of importance: | |
| Acute Hepatitis | 6/5/32 |
| Chronic Interstitial Nephritis | ? |

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Name of operation None Date of —
What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? ....
If so, specify Possibly injured leg while working.
(Signed) [illegible], M. D.
(Address) 3202 Lafayette Ave

3202 [illegible]
10 [illegible]