

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

Do not use this space.

18319

File No. _____
Registered No. **4552**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **707**
Township _____ Primary Registration District No. **30023**
City **St. Louis, Mo.** (No. **316 W. Primm St.**)

2. FULL NAME

Susan Wenderoth
(a) Residence, No. **316 W. Primm St.**, St. **1** Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 14, 1858			
7. AGE	YEARS 74	MONTHS 5	DAYS 8
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		None	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Herman, Mo.			
13. NAME Phillip Wenderoth			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prussia			
15. MAIDEN NAME Kathryn Tschappler			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland			
17. INFORMANT Mrs. Alma Vernel (ADDRESS) 316 W. Primm St.			
18. BURIAL, CREMATION, OR REMOVAL PLACE Odd Fellows DATE May 24, 1933			
19. UNDERTAKER Southern Undertaking Co. (ADDRESS) 6320 S. Grand Blvd.			
20. FILED W. J. Bredeck 19 33 Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 22, 1933**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 10, 1933**, to **May 22, 1933**
I last saw h. **u.** alive on **May 20, 1933** Death is said to have occurred on the date stated above, at **11:45 a. m.**
The principal cause of death and related causes of importance were as follows:
Myocardial Insufficiency
Chronic Interstitial Nephritis
Date of onset _____

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ 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? **No**
If so, specify _____
(Signed) **A. M. Jones**, M. D.
(Address) **4145 N. S. Grand**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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