MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis — Registration District No. 790 — File No. 14159
Township Central — Primary Registration District No. 6033 — Registered No. 119
City Clayton Mo. (No. St. Louis County Hospital St. ..... Ward)

2. FULL NAME Fred H. Wenzel
(a) Residence, No. 1518 Wellston Ave. St., ... Ward. (If nonresident, give city or town and State)
(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.

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 May Wenzel
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24, 1909
7. AGE Years 25 Months 1 Days 0 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) St. Louis Missouri

FATHER
13. NAME Fred J. Wenzel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Carrie
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

17. INFORMANT (ADDRESS) Mrs May Wenzel 1518 Wellston Ave
18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE April 26, 1934
19. UNDERTAKER (ADDRESS) Geo. L. Pleitsch Inc. 5966 Easton Ave
20. FILED 4/26, 1934 Robt Heabrusto Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24, 1934
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7.30 P.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Gangrenous pneumonic condition of left lower lobe and whole l. lung consolidated and purulent. Right lower lobe congested. The left pleural cavity contained about a quart of black watery puss material, with hole in the dome of the diaphragm to admit three fingers which sloughed thru.

Name of operation ..... Date of .....
What test confirmed diagnosis? autopsy Was there an autopsy? yes

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 ..... BCW
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify 4/25/34
(Signed) Luke B. Turner, M.D.
(Address) 3718 Jennings Rd

Corona St Louis Co. MO

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.

Brain. There was a large degenerated area the size of a walnut, lateral and inferior to the anterior horn of the l. ventricle. There was a large blood clot adjacent to this area. Abdominal cavity, gangrenous omentum, peritoneum. Generalized peritonitis, throughout abdominal cavity.

Secondary; Septic infection, generalized from gangrenous lung and peritonitis. Died in St.Louis County Hospital.