

AUG 23 1935

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

Do not use this space.

1. PLACE OF DEATH

County St. LouisRegistration District No. 789Township CentralPrimary Registration District No. 6033City St. LouisNo. 3520 Edmondson Road

St. _____

Ward _____

File No. _____

Registered No. 1812. FULL NAME Bernard Wenkeler(a) Residence, No. 3520 Edmondson Road

(Usual place of abode)

Ward _____

(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

Anna Wenkeler

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

Aug. 9, 1860

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

741027

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Nil

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 Mo

MOTHER FATHER

13. NAME

John Wenkeler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

15. MAIDEN NAME

Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

17. INFORMANT (ADDRESS)

Theodore Wenkeler

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cemetery DATE July 10, 1935

19. UNDERTAKER (ADDRESS)

Goodhart & Goodhart 228 St. Louis Ave.20. FILED July 9, 1935St. Louis Registrar.

MEDICAL CERTIFICATE OF DEATH

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

7/6/35 19

22. I HEREBY CERTIFY, That I attended deceased from

June 4th 1935 to July 6th 1935I last saw him alive on July 5th 1935. Death is saidto have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma of stomach
arterial sclerosis

Other contributory causes of importance:

Chronic myocarditis.

Name of operation _____ 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? _____ 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 _____

(Signed) Arnold H. Wurrer, M. D.(Address) 8900 St. Charles St.

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.

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

