

JAN 10 1937

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis,** (No. **2709**, So. 2nd. Street) St. **11928** Ward)

2. FULL NAME **George Wensler**

(a) Residence, No. **2709 So. 2nd.** St., **23** 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) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 11, 1859**

7. AGE YEARS **77** MONTHS **6** DAYS **21** If LESS than 1 day, .....hrs. or .....min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Retired 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) **Michigan**

FATHER 13. NAME **Andrew Wensler**

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

MOTHER 15. MAIDEN NAME **Julia Klute**

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

17. INFORMANT **Henry Wensler** (ADDRESS) **2218 So. 4th. Street**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sunset Burial Pk.** DATE **Dec. 4,** 19**36**

19. UNDERTAKER **Huck Bros.** (ADDRESS) **2201 So. Grand Blvd**

20. FILED **DEC 3 1936** **J. F. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 2,** 19**36**

22. I HEREBY CERTIFY, That I attended deceased from **Nov. 7th**, 19**36**, to **Dec 2nd**, 19**36**

I last saw him alive on **Dec 1st**, 19**36**. Death is said to have occurred on the date stated above, at **2 A.m.**

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

**Ch. Interstitial nephritis** Date of onset **unknown**

Other contributory causes of importance:

**W. Scrotal Hernia** **20 yrs**

Name of operation **none** Date of  
What test confirmed diagnosis? **Lab. Morphology** 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? **no**  
If so, specify

(Signed) **J. E. Jones**, M. D.  
(Address) **7202 So Broadway**

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.

