MAY 7 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 File No. 14167

Township ..... Primary Registration District No. 1003 Registered No. 3663

City St. Louis (No. City Hospital No.1 St. ..... Ward)

B. 18607

2. FULL NAME Richard Wandel

(a) Residence, No. 2605 a Washington St., 21 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): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 12, 1863

7. AGE: 73 YEARS | MONTHS: 7 | DAYS: 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

FATHER

13. NAME Gustave Wandell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Louisa Scherbale
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Hosp. Info. M.H. Kent City Hospital No.1

18. ~~BURIAL, CREMATION, OR REMOVAL~~ PLACE Valhalla Crematory DATE 4/5/37 19

19. UNDERTAKER (ADDRESS) A. J. Donnelly Wkt Co 3840 Lindell Blvd

20. FILED APR 5 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/ 4/37 , 19

22. I HEREBY CERTIFY, That I attended deceased from 3/31/37 , 19 , to 4/4/37 , 19

I last saw him alive on 4/4/37 , 19 Death is said to have occurred on the date stated above, at 4.40p

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

Arteriosclerosis

Date of onset

133a

Other contributory causes of importance:

Pyelonephritis non calculous

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Chas. I. Farrington M. D.

(Address) City Hospital No. 1

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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