NOV 15 1937

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

Do not use this space. 36260

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1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 9837

City St. Louis, Mo. (No. 2629a Iowa Ave. ..... St. ..... Ward)

2. FULL NAME Frances Wendel

(a) Residence, No. 2629a Iowa Ave. 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: 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 Peter W. Wendel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1862

7. AGE: About 75 YEARS; MONTHS: Unknown; DAYS: Unknown; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

FATHER

13. NAME John Schleifstein
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Christine Whoeler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Christine Koebbe 2629a Iowa Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE SS. Peter&Paul DATE Oct. 25, 1937

19. UNDERTAKER (ADDRESS) Wm. C. Mogdell 2636 Allen Ave.

20. FILED ..... 19 ..... J. F. Bredeck Registrar.

OCT 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 6, 1936, to October 22, 1937
I last saw her alive on October 22, 1937. Death is said to have occurred on the date stated above, at 8:00a.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Oct 22-37
92a	

Other contributory causes of importance:
Chr. Myocarditis
Chr. Endocarditis mitral
Chr. Cholecystitis ~~non~~ stones Oct 1936

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury ....., 19.....
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Ira C. Laubek, M. D.
(Address) 2767 Gravois ave.

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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I Wm. G. Moydell hereby certify that the person described on the reverse side of this certificate was embalmed by me.

Signed Wm. G. Moydell

License No. 1467