REC'D MAR 14 1938

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

6074
Do not use this space.

11

1. PLACE OF DEATH
5 (a) County Buchanan, 2 Registration District No. 85
7 (b) Township Primary Registration District No. 1001 Registered No. 149
(c) City St. Joseph, (d) Street No. 621 South 14th. Street, St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 64 yrs. 6 mos. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Amelia F. Wenz, 520
(a) Residence, No. 621 South 14th. Street St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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) August 2, 1873

7. AGE: YEARS 64 MONTHS 6 DAYS 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home,
9. Industry or business in which work was done, as 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) Saint Joseph, Missouri, 0

FATHER
13. NAME Frederick Wenz, 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stuttgart, Germany, 0

MOTHER
15. MAIDEN NAME Caroline Schwader,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan County, Missouri,

17. INFORMANT (ADDRESS) Fred J. Wenz 621 South 14th. Street,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cem. DATE Feb'y 7th. 1938

19. FUNERAL DIRECTOR (ADDRESS) Heaton-Bebel & Bowman 319 S. 10th. Street, Funeral Home

20. FILED Feb 6 1938 H J Nestlebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 4th 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1938, to Feb 4, 1938
I last saw her alive on Feb 4, 1938. Death is said to have occurred on the date stated above, at 10:45 a.m.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Empyema Rt

Date of onset 1-25-38

Other contributory causes of importance: Ulcer of Oesophagus

Name of operation ✓ Date of
What test confirmed diagnosis? Post mortem 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 ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) H.K. Wallace, M. D.
(Address) 301 N 8 St Joseph Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

JUL 23 1945

STATEMENT BY LICENSED EMBALMER

I, W. E. Summerzieed Licensed Embalmer No. 3007

hereby certify that the body recorded on the reverse side of this certificate was embalmed by my self. 2/4/38

L. E.

No. — or by —, Registered Apprentice No. —

working under my personal supervision.

Signed W. E. Summerzieed

Licensed Embalmer No. 3007

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)