

RECD MAR 24 1938

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

8222
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis(b) Township Normandy(c) City Overland

(e) Length of residence in city or town where death occurred

Registration District No. 96

Primary Registration District No.

Registered No. 279(d) Street No. 9927 Niblic Ave.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Olga J. Wendt, 530(a) Residence, No. 9927 Niblic Ave.St.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
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5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF	Louis G. Wendt,
(OR) WIFE OF	

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan, 31, 1883**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	55	0	11	

OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	Housewife
	9. Industry or business in which work was done, as bank mill, bank, etc.	at home
	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) **Sweden** 713. NAME **Adolph Eckstrand** 714. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Sweden** 715. MAIDEN NAME **Marie Hanson,**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Sweden.**17. INFORMANT (ADDRESS) **Louis G. Wendt**
9927 Niblic Ave.18. BURIAL, CREMATION, OR REMOVAL PLACE **Oak Grove Cem** DATE **July 14, 1938**19. FUNERAL DIRECTOR (ADDRESS) **H. L. Plutsch**
5966 Locust Ave20. FILED **2-1, 38** **S. K. Munn M.D. Reg.**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 11, 1938**22. I HEREBY CERTIFY, That I attended deceased from **Sept 28, 1938, to Feb. 8, 1938**I last saw him alive on **Feb. 6, 1938** Death is said to have occurred on the date stated above, at **11:00 A.M.**

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

Carcinoma of the section of spine lower region

Date of onset **1 yr.**

Other contributory causes of importance: **53'**Name of operation **None** Date of **None**
What test confirmed diagnosis? **Medical history** 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 **None**, 19Where 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 **None**24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify(Signed) **John O. Carroll M.D.**
(Address) **10300 Jackland Rd.**

AUG 2 1949

US 616 NYAMM

STATEMENT BY LICENSED EMBALMER

I, David C. Gibson Licensed Embalmer No. 3454

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. 3454 or by..... Registered Apprentice No.....

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

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