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.

REC'D JUN 9 1938

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

17135
Do not use this space.

2
1

791
1008

1. PLACE OF DEATH
(a) County ..... Registration District No. .....
(b) Township ..... Primary Registration District No. ..... Registered No. 4996
(c) City ST. LOUIS MO. (d) Street No. 1909 HERBERT, 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ELIZABETH WENDT, 5 20
(a) Residence, No. 1909 HEBERT ST. St. 26
(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): WIDOW

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26-1869

7. AGE: YEARS 68 | MONTHS 7 | DAYS 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as saw mill, bank, etc. HOUSEKEEPER
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) UNK, 9

FATHER
13. NAME HORATIO LARUE 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNK, 9

MOTHER
15. MAIDEN NAME BESSIE UNK,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNK

17. INFORMANT (ADDRESS) F. WENDT 9412 MARLOWE.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MEMORIAL PK DATE JUNE 1, 1938

19. FUNERAL DIRECTOR (ADDRESS) E. J. Schnur, 3125 Lafayette av,

20. FILED MAY 31 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 29 1938

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1938, to May 29th, 1938
I last saw her alive on May 28th, 1938. 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:

	Date of onset
Chronic Myocarditis	1931
93C	

Other contributory causes of importance: (Deep SAPHENOUS)
Embolism in Deep Saphenous Vein, rt side — 5/25/38

Name of operation ..... Date of .....
What test confirmed diagnosis? No Was there an autopsy? No

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) Edwin J. Frelich, M. D.
(Address) 3635 No. Newstead Ave

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Joseph B Vollmer, Licensed Embalmer No. 4014

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Joseph B Vollmer

Licensed Embalmer No. 4014

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