

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.

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

**20561**

Do not use this space.

**DEC 7 JUL 12 1938**

**791**

**1003**

**5700**

**1. PLACE OF DEATH**

- (a) County..... Registration District No. ....
- (b) Township..... Primary Registration District No. ....
- (c) City..... **St. Louis** (d) Street No. .... **St. Anthony Hospital** 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 **50** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

- (a) Residence, No. .... **3807 Botanical Avenue** St. .... **17** (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

<b>3. SEX</b> <b>Female</b>	<b>4. COLOR OR RACE</b> <b>White</b>	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)</b> <b>Single</b>	
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b> <b>Single</b>			
<b>6. DATE OF BIRTH (MONTH, DAY, AND YEAR)</b> <b>December 17, 1873</b>			
<b>7. AGE</b>	<b>YEARS</b> <b>64</b>	<b>MONTHS</b> <b>6</b>	<b>DAYS</b> <b>5</b> <small>If LESS than 1 day, ..... hrs. or ..... min.</small>
<b>OCCUPATION</b>	<b>8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.</b> <b>Housework</b>		
	<b>9. Industry or business in which work was done, as saw mill, bank, etc.</b> <b>At Home</b>		
	<b>10. Date deceased last worked at this occupation (month and year)</b> <b>11. Total time (years) spent in this occupation</b>		
<b>FATHER</b>	<b>12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <b>Unknown Germany</b>		
	<b>13. NAME</b> <b>Unknown Wendt</b>		
<b>MOTHER</b>	<b>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <b>Germany</b>		
	<b>15. MAIDEN NAME</b> <b>Unknown</b>		
<b>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <b>Germany</b>			
<b>17. INFORMANT (ADDRESS)</b> <b>Irma Wendt 3807 Botanical Avenue</b>			
<b>18. BURIAL, CREMATION, OR REMOVAL PLACE</b> <b>S. S. Peter &amp; Paul</b> <b>DATE</b> <b>June 25, 1938</b>			
<b>19. FUNERAL DIRECTOR (ADDRESS)</b> <b>Wm. J. Robert 1905 S. Grand Blvd.</b>			
<b>20. FILED</b> <b>JUN 24 1938</b> <b>John Bredek Local Registrar</b>			

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** **June 22, 1938**

**22. I HEREBY CERTIFY**, That I attended deceased from **June 22, 1938** to **June 22, 1938**  
I last saw him alive on **June 22, 1938**. Death is said to have occurred on the date stated above, at **11.45 P.M.**  
The principal cause of death and related causes of importance were as follows:  
**Carcinoma Cervix Uteri**  
**Metastases**  
**General debility**

Other contributory causes of importance: **None**

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?** **1**  
If so, specify.....  
(Signed) **Wm. J. Robert**, M. D.  
(Address) **1905 S. Grand Blvd.**

STATEMENT BY LICENSED EMBALMER

I, Wm J Robert, Licensed Embalmer No. 502

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 Wm J Robert  
Licensed Embalmer No. 502

**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.)**