NOV 3 - 1938

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

36814
Do not use this space.

REC'D NOV 17 1938

1. PLACE OF DEATH 2
(a) County St. Louis
(b) Township 1
(c) City Normandy
Registration District No. 784
Primary Registration District No. 300
Registered No. 1796
(d) Street No. #7271 St. Andrews, Rd. 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 5 yrs. 21 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles Morgan Wendover
(a) Residence, No. #7271 St. Andrews, Rd. 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Jessie Benedict Wendover

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 31, 1873

7. AGE: Years 64 | Months 10 | Days 1 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesmanager
9. Industry or business in which work was done, as saw mill, bank, etc. Harris-Hubb Mfg. Co. Chicago, Ill.
10. Date deceased last worked at this occupation (month and year) (Total time (years) spent in this occupation)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo. O

FATHER
13. NAME James Wendover
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unkn ?

MOTHER
15. MAIDEN NAME Sally Morgan ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unkn

17. INFORMANT (ADDRESS) Mrs. Christopher Holzworth Detroit, Michigan.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE 11-4- 1938

19. FUNERAL DIRECTOR (NAME) C. R. Lupton and Sons (ADDRESS) 7233 Delmar Blvd.

20. FILED NOV 3 - 1938 19 J. R. Meyer M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 2nd 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1935, to Nov 2, 1938
I last saw him alive on Nov 2, 1938. Death is said to have occurred on the date stated above, at 3 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	10/26/38
Other contributory causes of importance:	
Vascular hypertension	>1935
Hypertensive heart disease	1935

Name of operation none Date of
What test confirmed diagnosis? Phys Exam 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) Samuel B. Grant, M. D.
(Address) 3720 Washington Blvd 707

(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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.