S. No. 2
—11-10-39
v. 5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19989

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4937

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

JUL 9

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St. Louis 14
(If outside city or town limits write "RURAL")

(d) Street No. 4946 Miami Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Frederick Wilbert Wendt

3. (b) If veteran, name war None

3. (c) Social Security No. 497-05-6370

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Barbara Louise Wendt

6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased April (Month) 11th (Day) 1913 (Year)

8. AGE: Years 27 Months 1 Days 25 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Blanke Baer Co.

FATHER
12. Name Frederick W. Wendt
13. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Mary Nicter
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant F. W. Wendt
(b) Address 4946 Miami Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-8-40 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway

19. (a) JUN 5 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 5 year 1940 hour 11 minute 13 A.M.

21. I hereby certify that I attended the deceased from 5/31/40, 19__, to 6/5/, 1940 that I last saw him alive on 6/5/, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death General Peritonitis

Due to Acute appendicitis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Acute appendicitis

Of autopsy

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address 3115 So. Grand Blvd. Date signed 6/5/40

(Licensed Embalmer's Statement on Reverse Side)

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 Edwin S. McGinnett

Licensed Embalmer No. 3024

P. O. Address.....

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.)

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