

AUG 25 1940 791

Primary Registration District No.

1003

Registrar's No.

6156

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:
City Infirmary
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Pauline Wendelberg 534
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex Female
 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Leo Wendelberg
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct. 23 1862
 (Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 29 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 { 12. Name Unknown 9
 13. Birthplace Unknown 7
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Unknown
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Pauline Martin
 (b) Address 2307 N. Kingshighway
 17. (a) Burial (b) Date thereof 7/25/40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Zions Cem.

18. (a) Signature of funeral director Drehmann-Harral
 (b) Address L905 Union Blyd.
 19. (a) JUL 23 1940 (b) J. F. Gredick
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
 (c) City or town St. Louis 13
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5800 Arsenal St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. _____ years
No attending physician
 MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
 year 1940 hour 9 minute 00 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Nephrosclerosis
Arteriosclerosis
 Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death) 131

Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN _____

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?

While at work? (Specify type of place) _____
 (b) Means of injury _____
 23. Signature Joseph M. Jurn (M.D. or other) _____
 Address Deputy Coroner Date signed 7/23/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

NOV-3-17-39
 I X1951

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..... *Warren A. Carver*

Licensed Embalmer No. *3534*

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.