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

AUG. NOV 21 1940

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

Do not use this space. 36234

1. PLACE OF DEATH
County St. Charles Registration District No. 760 B
Township ~~St. Charles~~ DARDENNE Primary Registration District No. 6001
near City Cottleville Mo. (No. ..... St. ..... Ward)

File No. .....
Registered No. 123

2. FULL NAME Wendell H. Sammelmann
(a) Residence, No. St Charles Mo St., Rural
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Catherine Sammelmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 5th, 1865

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
75	9	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) June 1939
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co. Mo. 0

FATHER
13. NAME Bernard Sammelmann 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 9

MOTHER
15. MAIDEN NAME Francis Hunn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Catherine Sammelmann

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cottleville, Mo. DATE Oct. 15, 1940

19. UNDERTAKER (ADDRESS) Geo. Stiefvater St. Peters, Mo.

20. FILED Oct 13 1940 E. A. Keithly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 12, 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1940 to Oct 12, 1940
I last saw him alive on Oct 12, 1940 Death is said to have occurred on the date stated above, at 11:45 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	?
Coronary disease	?
Coronary occlusion	1 hour

Other contributory causes of importance: 93 D

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? .....
If so, specify .....
(Signed) J. M. Jones, M. D.
(Address) St Charles, Mo