No. 2
4-13-40
5-17-39
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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. 36762

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 9035

FILED DEC 1 1940

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: 4448 Farlin Ave (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 10 (If outside city or town limits, write "RURAL")

D (d) Street No. 4448 Farlin Ave (If rural, give location)

(e) If foreign born, how long in U. S. A. ~~No attending physician~~ years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME William H. Wendeler

3. (b) If veteran, name war

3. (c) Social Security No. 33301

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Louisa Dauer Wendeler

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Sept (Month) 18 (Day) 1875 (Year)

8. AGE: Years 65 Months 1 Days 14 If less than one day hr. min.

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

10. Usual occupation wood Pattern Maker 6

11. Industry or business

FATHER
12. Name Herman Wendeler 1
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Caroline Ahe
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Harry Wendeler

(b) Address 4448 Farlin Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/5/40 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Stroot - Carroll

(b) Address 4600 Natural Bridge Ave

19. (a) NOV 2 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

20. DATE OF DEATH: Month Nov day 2 year 1940 hour 4 5 minute 00a 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 Cerebral Apoplexy

Due to Bendy

Due to

Other conditions (Include pregnancy within 3 months of death) 82a

Major findings: Of operations

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 5

23. Signature Alfred Werra (M. D. or other)

Address Deputy Coroner Date signed 11/2/40

(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 H. L. Traat

Licensed Embalmer No. 2265

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.