

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS
FILED MAR 30 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5536
Registrar's No. 1784

Registration District No. 791 Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution: 5017 South Grand
(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

3. (a) PRINT FULL NAME Elizabeth Wenzl

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Anton Wenzl 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 14, 1849
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

91 2 7 _____ hr. _____ min.

9. Birthplace Not known Switzerland
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name Schuebach

13. Birthplace not known Switzerland
(City, town, or county) (State or foreign country)

14. Maiden name Lehman

15. Birthplace Not known Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Anton Wenzl

(b) Address 5017 South Grand

17. (a) burial (b) Date thereof Feb 24, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director John S. Ziegenhain & Sons

(b) Address 7027 Gravois

19. (a) FEB 25 1941 (b) J. T. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis 159
(If outside city or town limits, write "RURAL")

(d) Street No. 5017 South Grand
(If rural, give location)

(e) If foreign born, how long in U. S. A. 60 years years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21
year 1941 hour 3:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Dec 20
1941 to Feb 21 1941
that I last saw her alive on Feb 21 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
(X) Estrie Hemorrhage ruptured vein, Fracture of hip (neck) Feb 14 21
Dec 20 1940

Due to Senility

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Hip nailed on Jun 25th 1941
Of operations (X) not due to accident

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Dec 20 1940

(c) Where did injury occur? Home 5017 S. Grand, St Louis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home

(Specify type of place)

While at work? Home (e) Means of injury fall

23. Signature Henry J. Hyman (M. D. or other) MD
Address 508 1/2 Grand Blvd. Date signed 2/25/41

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..... *B. P. Kidwell*.....

Licensed Embalmer No..... *3877*.....

P. O. Address..... *7027 Gravois*.....

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, fact should be so stated above.