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

FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16659

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4177

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: Lutheran Hosp. O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 16 17 (If outside city or town limits, write "RURAL")

(d) Street No. 4337 Juniata 9 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mary J. Wendt

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

4. Sex Female 1 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fred E. Wendt 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased March 15 1877 (Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 2 If less than one day hr. min.

9. Birthplace Kerry County 4 Ireland (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Dwyer
13. Birthplace Kerry County 4 Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary O'Neil
15. Birthplace Kerry County 4 Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Fred Wendt
(b) Address 4337 Juniata

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-41 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Kingshauser Mortuaries
(b) Address 4228 S. Kingshighway Blvd.

19. (a) MAY 19 1941 (Date received local registrar) (b) J. P. Baidick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 17 year 1941 hour 10 minute 15 A.M.

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

Immediate cause of death Cardiac Hypertrophy Chronic Granular Nephritis

Due to Spinal Anesthesia During Operation for Cholecystitis

Due to at Lutheran Hospital

Other conditions 5/17/41 (Include pregnancy within 3 months of death)

Major findings: Of operations with Lithecaine

Of autopsy 126

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) Accident
(b) Date of occurrence 5/17/41
(c) Where did injury occur? St Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Private Place (Specify type of place)
While at work? (e) Means of injury Lutheran Hosp

23. Signature Thomas F. Callanan (M. D. or other) 3
Address Deputy Coroner Date signed 5/19/4

(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 H. McDermot

Licensed Embalmer No. 3024

P. O. Address.....

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

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