

S. No. 2
1-1-441
5-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18950
Registrar's No. 990

Registration District No. 784

Primary Registration District No. 101

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
76
2
3

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
611 Forest Court
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year
In this community 1 year
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. 611 Forest Court
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME ADDIE P. WENTZELMAN
3. (b) If veteran, name war no
3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 9
year 1941 hour 8:30 minute P M.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Karl
6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased April 13, 1872
(Month) (Day) (Year)

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 Suicide by inhal- ing illuminating gas. Duration _____

8. AGE: Years Months Days If less than one day
69 0 26 hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Keokuk Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name William H. Powell
13. Birthplace _____ Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Mary Kennedy
15. Birthplace Clark County Missouri
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide.
(b) Date of occurrence May 9, 1941
(c) Where did injury occur? Clayton, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In home
While at work? _____ (Specify type of place)
(e) Means of injury _____

16. (a) Informant J. H. Powell
(b) Address Moberly, Mo.

17. (a) removal (b) Date thereof 5-11-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Moberly, Mo.

18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Blvd.

19. (a) MAY 11 1941 (b) [Signature]
(Date received local death) (Registrar's signature)

23. Signature Louis H. Boyer
Address Kirkwood, Mo. Date signed 5/10/41

(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 *Joseph E. McCulloch*

Licensed Embalmer No. *2460*

P. O. Address *61709 Pelmar*
St Louis MO

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.