

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town **Saint Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **St. Anthony Hospital.**
(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 FULLNAME **Margaret H. Wentz.**

3. (b) If veteran, name war _____

3. (c) Social Security No. **None**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced. **Widowed.**

6. (b) Name of husband or wife **Anthony Wentz.**

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

7. Birth date of deceased **July 21st. 1855.**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
87	1	10	_____ hr. _____ min.

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

10. Usual occupation **House-Wife.**

11. Industry or business _____

12. Name **Fred Roeth**

13. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Margaret Stelger**

(b) Address **2716 Utah Street.**

17. (a) Burial **Burial** **(b) Date thereof** **Sept. 3, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Matthews Cemetery.**

18. (a) Signature of funeral director **Ziegenhein Bros.**

(b) Address **6409 Gravois Ave.**

19. (a) SEP 2 1942 **J. F. Budeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County _____

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

(d) Street No. **2716 Utah Street.**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **31st.**
year **1942.** hour **1** minute **30 P. 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
Fracture left hip Arteriosclerosis
suffered when Decided fell to
the floor at her home
2716 Utah St on August 28-1942
Due at about 4 P.M.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
(Of operations) _____

Of autopsy _____

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

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

(b) Date of occurrence **Aug 28-1942**

(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?
Home

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature **James J. Pappas** **6409 Gravois**
(M.D. or other)

Address **1320 6th St** **Date signed** **9/1/42**

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

V E Morris

Licensed Embalmer No.

3360

P. O. Address

6409 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.