

ED JUN 19 1943 18

State File No. _____
Registrar's No. **5376**

Registration District No. _____ Primary Registration District No. _____

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:
6240 Arendes Drive
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ 79 years (Specify whether)
years, months or days

3. (a) PRINT FULL NAME Mrs. Emma Wensel
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Henry E. A. Wensel 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 21, 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 5 20 _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Rudolph Moellenhoff
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Frieda Wensel

(b) Address 6240 Arendes Drive

17. (a) Burial (b) Date thereof June 12, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Beiderwieden F. H. Inc.

(b) Address 1936 St. Louis Avenue

19. (a) JUN 12 1943 (b) J. F. Beckert
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 009
(If outside city or town limits, write "RURAL")
(d) Street No. 6240 Arendes Drive 17
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 1943 hour 5 minute 45 A. M.

21. I hereby certify that I attended the deceased from May 2, 1943 to 6. 10, 1943
that I last saw him alive on 6. 10, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Myocarditis 270
Senescent Arteriosclerosis 1370
Pericardial Apoplexy 270
Other conditions None
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN
Major findings:
Of operations None
Of autopsy _____
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?

While at work? _____ (Specify type of place)
(a) Men (b) Members of injury
23. Signature Julius S. R. R. R. (M. D. or other) M.D.
Address 2603 Cherokee Date signed 6. 10. 43

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

Dr. Julius C. Ratter
2603rd Cherokee

2-5

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.....

Matt Mc Gahan

Registered Apprentice No. *352*

working under my personal supervision.

Signed *[Signature]*

Licensed Embalmer No. *3737*

P. O. Address *1936 St. Louis*

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.