

FILED JUL 10 1943

Registration District No. 217

Primary Registration District No. 6076

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

9600

1. PLACE OF DEATH

(a) County Meris

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

(c) Name of hospital or institution:
2000 McLaren
(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 Robert S. Wenzell

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 489-07-5230

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Edna Wenzell

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased June 29, 1894
(Month) (Day) (Year)

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

49 - 6

hr. min.

9. Birthplace Troy N. Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanical Engineer

11. Industry or business RETIRED

MOTHER FATHER {

12. Name William Wenzell

13. Birthplace Ala.
(City, town, or county) (State or foreign country)

14. Maiden name Jessie Scott

15. Birthplace Troy N. Y.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edna Wenzell

(b) Address 2000 McLaren

17. (a) Cremation (b) Date thereof July 8, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Craig Mortuary

(b) Address 4468 Washington Blvd.

19. (a) 7-7-43 (b) C. S. McLaren
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 900

(a) State Missouri (b) County 17

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

(d) Street No. 2000 McLaren
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1943 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 1
Aug. 1, 1943 to July 5, 1943
that I last saw him alive on July 5, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma, bladder 3yrs

Due to.....

Due to.....

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

Major findings:
Of operations..... J. V. L.

Of autopsy.....

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).....

(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) (e) Means of injury.....

23. Signature C. S. McLaren (M. D. or other) M. D.
Address 402 Huron St. St. Louis Date signed 7-6-43

JUL 16 1943

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 Philip M. Craig
Licensed Embalmer No. 3281
P. O. Address 4468 Washington

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.