V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35697

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

23538

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 818 Primary Registration District No. 1003

Registrar's No. 690

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:
City Hospital 0
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis 923
(If outside city or town limits, write "RURAL")

(d) Street No. 1726 S. 7th Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Wendling

3. (b) If veteran, name war --------

3. (c) Social Security No. 494-05-9191

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Unknown (Month) About (Day) 1891 (Year)

8. AGE: About Years 53 Months Unknown Days If less than one day hr. min.

9. Birthplace Austria-Hungary 4
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name John Wendling
13. Birthplace Austria 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Peter Schuester
(b) Address 1726 S. 7th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/8/44 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Wm. L. Mogsell
(b) Address 1926 Allen Ave.

19. (a) Aug 9 (Date received local registrar) (b) J. F. Breseck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5th day Aug. year 1944 hour 12:55 minute P. M.

21. I hereby certify that I attended the deceased from 5-29 1944 to Aug 5 1944 that I last saw him alive on Aug 3 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Pick's disease (Polyserositis) — Duration 7 yrs.

Due to Purulent Peritonitis — 5 da

Due to

Other conditions (Include pregnancy within 3 months of death) 125

Major findings:
Of operations yes same
Of autopsy yes same

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

23. Signature D. J. Verda (M. D. or other)
Address 1515 Lafayette Date signed Aug 6 1944

(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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 1926 allen ave

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.