

FILED OCT 6 1944 818

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 8343

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: Deaconess Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME Frederick B. Wenzl

3. (b) If veteran, name war X 3. (c) Social Security No. 492-03-9667

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife deceased 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 8, 1875  
(Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Salesman

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Anton Wenzl  
13. Birthplace Austria  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Schuepach  
15. Birthplace Switzerland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Eugene Laumann  
(b) Address 5017 S. Grand Ave.

17. (a) Burial (b) Date thereof 9/30/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Pauls Churchyard

18. (a) Signature of funeral director John S. Ziegenhain & Sons  
(b) Address 7027 Gravois Ave.

19. (a) SEP 30 1944 (b) J. J. Brudick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5015 South Grand  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 27th  
year 1944 hour 3:15 minute \_\_\_\_\_ P. \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Sept 6  
\_\_\_\_\_ 1944 to Sept 27 1944  
that I last saw him alive on Sept 27 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 3 days  
Due to Hydronephrosis ?  
Hydroureters ?  
Due to Hypertrophied prostate 3 yrs  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations no Of autopsy see above  
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) no  
(b) Date of occurrence no  
(c) Where did injury occur? no  
(City or town) (Country) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? no (Specify type of place) (e) Means of injury no  
23. Signature J. J. Brudick (M. D. or other) MB  
Address 5087 Grand Blvd Date signed 9/29/44

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

**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.....

*G. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address *7027 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.**