. S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 18 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42168

Registration District No. 319 Primary Registration District No. 3070 Registrar's No. 2477

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Webster Groves, (19) Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 624 Fair Oaks
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Webster Groves (19) 7
(If outside city or town limits, write "RURAL")

(d) Street No. 624 Fair Oaks 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 17

3. (a) PRINT FULL NAME Bettie Wendel

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Robert F. Wendel

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased March (Month) 27 (Day) 1865 (Year)

8. AGE: Years 79 Months 8 Days 1 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name William Spaning
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Marie Merkhens
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Robert C. Wendel
(b) Address 617 Fair Oaks Webster Groves

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12/1/44 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Mittelberg Fun. Home
(b) Address Webster Groves & Kirkwood Mo

19. (a) DEC 8 1944 (Date received local registrar) (b) E. G. McLaurean M.D. (Registrar's signature) Cmdr

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28 year 1944 hour 3.12 minute P M.

21. I hereby certify that I attended the deceased from 9/14/44, 19__, to 11/28/44, 19__; that I last saw her alive on 11/27, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinomatosis	1 mo
Due to Adenocarcinoma of Ovary	
Due to	
Other conditions Pyelo-nephritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 49a

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 John V Kingman (M. D. or other) MD
Address 671 E Big Bend Rd Date signed 11/29/44

707 (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.....

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

working under my personal supervision.

Signed John M. Meyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood (22) Mo

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.