

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2779

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Wellston  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 6319-a Theodosia  
(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) 1

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Wellston  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6319-a Theodosia  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Louis Hendel  
(b) If veteran, name war None  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 9  
year 1945 hour 3 minute 30 A. M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M  
(b) Name of husband or wife Mary (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased Mar 15 1868  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 8 1945  
that I last saw him alive on Jan. 8 1945  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
76 9 25 hr. \_\_\_\_\_ min.

Immediate cause of death: Chicago Myocarditis  
Due to \_\_\_\_\_  
Due to 932  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation unemployed  
11. Industry or business \_\_\_\_\_  
12. Name Unknown  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer P. Hendel  
(b) Address 8947-Burton Av-Overland, Mo.  
17. (a) Burial (b) Date thereof Jan. 12, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:  
(c) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(d) Date of occurrence \_\_\_\_\_  
(e) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(f) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place)

18. (a) Signature of funeral director Baumann Brothers and Co.  
(b) Address 2504-Woodson Rd-Overland  
19. (a) JAN 12 1945 (b) E. J. McClave  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
Signature [Signature] (M. D. or other) M. D.  
Address 1492 E. 1st St. Date signed 1/10/45

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

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**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

*W. G. Peterson*

Licensed Embalmer No.

*#3767*

P. O. Address

*Overland, 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.**