S. No. 2
M—2-43
. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29477

FILED SEP 28 1945

Registration District No. ____ Primary Registration District No. 1003 Registrar's No. 8244

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:
5450 Clemons Ave. /
(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 Mo. (b) County 000
(c) City or town St. Louis 17 5
(If outside city or town limits, write "RURAL")
(d) Street No. 5450 Clemons Ave 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Charles Wm. Lee Wientge

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Alice Wientge 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased June (Month) 8 (Day) 1872 (Year)

8. AGE: Years 73 Months 3 Days 12 If less than one day ____ hr. ____ min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Bookkeeper

11. Industry or business Retired

FATHER
12. Name Chas. W. Wientge
13. Birthplace ____ (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Mary Mathews
15. Birthplace ____ (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs Alice Wientge
(b) Address 1170 No. Kingshighway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 24 '45 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Drehmann Harral
(b) Address 1905 Union Blvd.

19. (a) SEP 22 1945 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20 year 1945 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 17 '45, 1943, to Sept 20, 1945 that I last saw him alive on Sept 20, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration Sudden
Due to Arterior Sclerosis
Due to + Hypertension — Indefinite
Other conditions ____ (Include pregnancy within 3 months of death)
83 a!
Major findings: Of operations ____
Of autopsy no

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 Harry H. Meyer (M. D. or other)
Address 4903 Delmar Date signed 9/22/45

(Licensed Embalmer's Statement on Reverse Side)

Roosevelt Bldg

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 Albert R Thompson Jr

Licensed Embalmer No. 4257

P. O. Address St. Louis

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.