S. No. 2
M—5-42
V. 5-17-39
P 1 X32073

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. 35990

FILED NOV 19 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9565

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: ~~Marian Brothers Hospital~~ 4350 Ellenwood Ave 0
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 1511
(If outside city or town limits, write "RURAL")

(d) Street No. 4350 Ellenwood Ave 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Joseph Wentz

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

3. (c) Social Security No. 492-10-0661

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Pauline Wentz

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased May 17 1871 (Month) (Day) (Year)

8. AGE: Years 74 Months ~~5~~ Days 16 If less than one day hr. min.

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

10. Usual occupation Stationary Engineer

11. Industry or business

FATHER 12. Name Joseph Wentz 0

13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Mary ???? 0

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Pauline Wentz

(b) Address 4350 Ellenwood Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-8-1945 (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Zegenhein Bros.

(b) Address 6409 Gravois Ave

19. (a) NOV 5 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3rd day November year 1945 hour 6 minute 00 p. M.

21. I hereby certify that I attended the deceased from Oct 30, 1945, to Nov 3, 1945 that I last saw him alive on Nov 3, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ruptured duodenal ulcer	3 Days
Due to: Sequel to acute catarrhal gastritis + duodenitis	2 days
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: Ruptured duodenal ulcer	
Of autopsy:	

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 A. Cornell M.D. (M. D. or other) 11-5-45

Address 5005 N. Grand Date signed 11-5-45

(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 Homer H. Fritz

Licensed Embalmer No. 3882

P. O. Address.....

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.