

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

Registration District No. **318** Primary Registration District No. \_\_\_\_\_ Registrar's No. **11544**

**1. PLACE OF DEATH:**

(a) County St Louis

(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
5962 Wanda  
(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 Missouri (b) County St Louis

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

(d) Street No. 5962 Wanda  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Mary Wendrich

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

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

6. (b) Name of husband or wife Gustav Wendrich 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March 30, 1869  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 27 year 1945 hour 12 minute 10 A.M.

21. I hereby certify that I attended the deceased from Dec. 2, 1945 to Dec. 27, 1945 and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 8 Days 27 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Chronic nephritis Chronic Myocarditis 2

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Diabetes mellitus 2  
(Include pregnancy within 3 months of death)

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

10. Usual occupation Housewife

**PHYSICIAN**

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER { 12. Name John Koenig

13. Birthplace Not known Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Gustav Wendrich

(b) Address 5962 Wanda

17. (a) burial (b) Date thereof 12/29/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director J L Ziegenhein & Sons  
(b) Address 7027 Gravois  
DEC 29 1945

19. (a) \_\_\_\_\_ (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature Bernard Pluh M.D. M. D. or other \_\_\_\_\_  
Address 3527 Osage St. Louis 18, Mo. Date signed 12-27-45

**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 Park*

**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.**