

**FILED** APR 1 1948

STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 317

Primary Registration District No. 3066

Registrar's No. 725

1. PLACE OF DEATH: St. Louis

(a) County Kirkwood, Mo.  
(b) City or town Kirkwood, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
444 Longview Blvd.  
(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 St. Louis, Mo.  
(c) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1384 Montclair Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Marion Wenneker

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25th  
year 1946 hour I minute 20 P.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife August 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 28th, 1870  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 21, 1946 to March 25, 1946  
that I last saw her alive on 3/24, 1946  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>7</u>	<u>27</u>	hr. _____ min. _____

Immediate cause of death Pericardial dilatation 1 day

Due to Chronic myocarditis 1 yr

Due to Carcinoma of liver 2 mo.

Other conditions (Include pregnancy within 3 months of death) 46 1/2

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

10. Usual occupation Housewife

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

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

MOTHER FATHER { 12. Name John Gieselman

13. Birthplace New York (State or foreign country)

14. Maiden name Elizabeth Woodley

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

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?

16. (a) Informant Edgar Wenneker  
(b) Address 1384 Montclair Ave.

17. (a) Burial (b) Date thereof 3/28.46  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Kraeger-Voss, Inc.  
(b) Address 3402 N. Kingshighway

19. (a) 3/27/46 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Kirkwood, Mo. Date signed 3/27/46

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 *J. W. Wilkin*  
Licensed Embalmer No. 3575  
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.**