

S. No. 2
M-5-43
v. 5-17-39
I X38671

FILED APR 5 1946
318

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2907

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

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:
Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 hours
(Specify whether Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Pine Lawn
(If outside city or town limits, write "RURAL")

(d) Street No. 4230 Jennings Road
(If rural, give location)

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

3. (a) PRINT FULL NAME Harry B. Wandell, Jr.

3. (b) If veteran, name war No

3. (c) Social Security No. 492-03-7753

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25th
year 1946 hour 10:50 minute P. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Gertrude Wandell

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased April 23, 1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 21, 1946 to March 26, 1946
that I last saw him alive on March 25, 1946
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>11</u>	<u>2</u>	hr. <u> </u> min. <u> </u>

Immediate cause of death Cancer of larynx,
2. Bronchiectasis, left lower
3. Pneumonia, acute, lobar,
bilateral.
4. Nephritis, chronic,

Duration
4 yrs
10 yrs
1 wk.
15 yrs

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

10. Usual occupation Salesman

11. Industry or business Ely Walker Dry Goods Co.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Tracheotomy was done to
relieve laryngeal obstruction.
Of autopsy Above confirmed.

MOTHER, FATHER

12. Name Harry B. Wandell

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

14. Maiden name Fannie Bateman

15. Birthplace Kentucky
(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?
(Specify type of place)..... (c) Means of injury.....

16. (a) Informant Mrs. Gertrude Wandell

(b) Address 4230 Jennings Road

17. (a) Burial (b) Date thereof Mar. 29, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

23. Signature J. C. Boemer (M. D. or other)
Address 3720 Washington Blvd Date signed Mar 27

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) MAR 28 1946 (Date received local registrar)
J. F. Brubaker (Registrar's signature)

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 John A. Mlinar
Licensed Embalmer No. 4186
P. O. Address St. Louis 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.