S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

FILED MAR 27 1946

State File No. 11796

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2576

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

10703

**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: North Florissant 3225th ~~HEBERT ST.~~ (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) 1

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MO. (b) County 000

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 207

(d) Street No. 2225th HEBERT ST. (If rural, give location) 8

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME CAROLINE HELEN WENZEL

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race W.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased MAY (Month) ? (Day) 1859 (Year)

8. AGE: Years ABOUT 86 Months — Days — If less than one day hr. min.

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

10. Usual occupation NIL

11. Industry or business NIL

FATHER
12. Name UNKNOWN
13. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

16. (a) Informant Mr. George E. Stowell

(b) Address 6123 Tennessee av

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 18-46 (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA CEM.

18. (a) Signature of funeral director E. J. Schnur

(b) Address 3125 Lafayette av.

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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Mar. day 16 year 1946 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 12, 1946 to March 16, 1946 that I last saw her alive on March 15, 1946 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Chronic Myocarditis | ??? |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) Acute upper respiratory infection | 4 days. |

Major findings: Of operations None

Of autopsy None

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) None

(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 Bernard L. Slotte (M. D. or other)

Address 2301 Salisbury St Date signed 3-18-46

(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.....Jos. B. Vollmer.....

Licensed Embalmer No.....4014.....

P. O. Address.....3125 Lafayette Av

**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.**