No. 2
2-45
7-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11659

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3631

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: Christian Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Weeks (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town St. Louis 0
(If outside city or town limits, write "RURAL")

(d) Street No. 4230 Jennings Rd Pine Lawn NR. 0
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME Gertrude Wandell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Late Harry B. Wandell

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

7. Birth date of deceased September (Month) 11 (Day) 1880 (Year)

8. AGE: Years 66 Months 6 Days 23 If less than one day hr. min.

9. Birthplace Ill (City, town, or county) 1 (State or foreign country)

10. Usual occupation Housework

11. Industry or business Self

FATHER
12. Name Arson Redman 1
13. Birthplace Ill (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Korte 0
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Ethel Woolson
(b) Address 4230 Jennings Rd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr (Month) 7 (Day) 1947 (Year)
(c) Place: burial or cremation Bellefontaine Cem

18. (a) Signature of funeral director Calvin F Feutz
(b) Address 4828 Nat Bridge Blvd

19. (a) APR 6 1947 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
year 1947 hour 2. minute P. M.

21. I hereby certify that I attended the deceased from 9-24, 1945 to Apr 4, 1947
that I last saw her alive on 4-4-47, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma Liver Metastatic	2 m
Due to Carcinoma of R Breast	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death) 50	

Major findings:
Of operations
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 0

23. Signature Leo A Mellies (M. D. ~~or other~~)
Address 2739 N. Grand Date signed 4-5-47

(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 Ralph C. Linders

Licensed Embalmer No. 4275

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.