S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 22 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19487

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4760

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: DePaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 day's (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5468 N. Kingshighway Blvd.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elsie Wentz
3. (b) If veteran, name war No
3. (c) Social Security No. 489-10-7340
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harry C. Wentz
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased July 11, 1898 (Month) (Day) (Year)

8. AGE: Years 48 Months 9 Days 28 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER
12. Name Charles Roethig
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Margaret Wieben
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Harry C. Wentz
(b) Address 5468 N. Kingshighway Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/47 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Paschedag-Henke
(b) Address 2825 N. Grand Blvd.
19. (a) MAY 12 1947 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th year 1947 hour 11 minute 55A M.

21. I hereby certify that I attended the deceased from Apr 11 1946 to May 9 1947 that I last saw her alive on May 9 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure — Duration 6 mo.
Due to
Due to Rheumatic Heart Disease (mitral stenosis)
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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

23. Signature D. B. Flavan (M. D. or other) MD
Address Humboldt Bldg. St. Louis Date signed 5/10/47

D.B. Flavan

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

Jefferson City Printing Co. (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 Albert L. Lopez

Licensed Embalmer No. 2971

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.