No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 2 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29652

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 7814

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township) — Sotist Hospital

(c) Name of hospital or institution: Mo. Baptist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Webster Groves 19 (If outside city or town limits, write "RURAL")

(d) Street No. 533 Marshall Ave. (If rural, give location) R.R.

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

If yes, name country

3. (a) PRINT FULL NAME Elsie Ann Luellen Wenzel

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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 August 6th 1931 (Month) (Day) (Year)

8. AGE: Years 16 | Months 0 | Days 9 | If less than one day hr. min.

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

10. Usual occupation At School

11. Industry or business

MOTHER FATHER

12. Name Louis L. Wenzel

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

14. Maiden name Anna Marie Boenicke

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

16. (a) Informant Louis L. Wenzel

(b) Address 533 Marshall Ave.

17. (a) Oak Burial Cem. (Burial, cremation, or removal) (b) Date thereof Aug. 18 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Parker Lund Co.

(b) Address Webster Groves Mo.

19. (a) AUG 18 1947 (Date received local registrar) (b) J. E. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 15 year 1947 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from did not attend, 19..., to ..., 19...; that I last saw her alive on 8/14/47, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Septicemia — Duration 2

Due to: Infect. rt. ankle

Due to: Carbuncle - Staphylococcus aureus (Carbuncle)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: none

Of autops: Not yet reported done at Mo. Bapt. Hosp.

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) 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 Frank L. Gaunt (M. D. or other) M.D.

Address N. N. Sou. Webster Groves Mo. Date signed 8/18/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

AUG 18 1947

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

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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves

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.