

No. 2
12-45
17-39
X47070

FILED APR 7 1948

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2986**

1. PLACE OF DEATH:

(a) County _____

(b) City or town ST. LOUIS, MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: LUTHERAN HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 2 MIN. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL.")

(d) Street No. 3234 DELOR 9
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME JUDITH ARLINE WENGER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race W 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased MARCH 26-48
(Month) (Day) (Year)

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

9. Birthplace ST. LOUIS, MO.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name NORMAN E. WENGER

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

14. Maiden name LORELINE A. DONAHUE

15. Birthplace MILLS, NEBR.
(City, town, or county) (State or foreign country)

16. (a) Informant LUTHERAN HOSPITAL

(b) Address 2646 POTOMAC

17. (a) Burial (b) Date thereof 3-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Boisderwiden & Th. Jones

(b) Address 1926 St. Louis ave.

19. (a) MAR 27 1948 J.F. Brudnick
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 26
year 48 hour 10 minute 35 A.M.

21. I hereby certify that I attended the deceased from 3-26, 1948, to 3-26-48, 1948
that I last saw h. ER. alive on 3-26-48, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Tentorial tear

Due to _____

Due to 160

Other conditions _____
(include pregnancy within 5 months of death)

Major findings: _____

Of operations _____

Of autopsy Tentorial tear

Duration _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 0

23. Signature J.P. Smith & H.P. Smith (M. D. or other) MD
Address 607 N. Grand Blvd. Date signed 3/26/48

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

Embalming

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.....

Licensed Embalmer No.....

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.

Registration District No. 318

Primary Registration District No. 1003

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:

(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)

3. (a) PRINT FULL NAME Judith A. Wenger

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased March 26, 1926
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
..... hr. 2 min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) 3-27-1948 (b) J. F. Bradlock
(Date received local registrar) (Registrar's signature)
APR 27 1948

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town..... (If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 26, 1948
year hour minute M.

21. I hereby certify that I attended the deceased from..... to....., 19.....
that I last saw him..... alive on....., 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Duration

Due to.....

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature..... (M. D. or other).....

Address..... Date signed.....

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

SUPPLEMENTARY

S-10815