FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28537

FILED SEP 7 1948

Registration District No. 917

Primary Registration District No. 6076

Registrar's No. 2626

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

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Manchester (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Pine Crest Nursing Home 4 (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96

(c) City or town Manchester (If outside city or town limits, write "RURAL")

(d) Street No. Pine Crest Nursing Home (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Martha A. Wentz

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Edward Wentz

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased January (Month) 1. (Day) 1873 (Year)

8. AGE: Years 75 Months 77 Days 21 If less than one day hr. min.

9. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER

12. Name George Oetzel

13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name Christine Mueller

15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant W. M. Gregory

(b) Address 4661 Farlin Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 28 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Zions Cemetery

18. (a) Signature of funeral director Calvin F Feutz

(b) Address 4828 Nat bridge Blvd

19. (a) 8-27-48 (Date received local registrar) (b) Cecil A. Z. Sharp M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22 year 1948 hour 9. minute 55 P. M.

21. I hereby certify that I attended the deceased from March 2, 1948, to Aug 22, 1948, that I last saw her alive on Aug 16, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemiplegia, senility

Due to 83 D.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 G. T. Merkem (M. D. or other)

Address 3507 Potomac Date signed 8-27-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

462 N. Taylor

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 John A. Minar

Licensed Embalmer No. 4186

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.