

No. 300
10.48

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3498
State File No. 00021

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) JENNINGS	c. LENGTH OF STAY (in this place) 10 YRS	c. CITY (If outside corporate limits, write RURAL and give township) JENNINGS 4147	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7081 LILLIAN AVE		d. STREET ADDRESS (If rural, give location) 7081 LILLIAN AVE	

3. NAME OF DECEASED (Type or Print) a. (First) AMANDA b. (Middle) A. c. (Last) WENDE			4. DATE OF DEATH JAN-3-1950		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) MARRIED	8. DATE OF BIRTH APR-24-1888	9. AGE (in years last birthday) 61	10. IF UNDER 1 YEAR Months 8 Days 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) ST. LOUIS - MO		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME PHILLIP FEICK		13b. MOTHER'S MAIDEN NAME JULIA OPP		14. NAME OF HUSBAND OR WIFE FRED. A. WENDE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred A. Wendt 7081 Lillian Ave	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		INTERVAL BETWEEN ONSET AND DEATH 4341
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Cardiac Atrophy		
	DUE TO (b) Hypoxemia		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 434.1	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1941, to Dec 30, 1949, that I last saw the deceased alive on Dec 30, 1949, and that death occurred at 12 A m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]		23b. ADDRESS 4356 A Manchester		23c. DATE SIGNED 1-4-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-6-50	24c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PARK	24d. LOCATION (City, town, or county) (State) ST. LOUIS - MO		
DATE REC'D BY LOCAL REG 1-5-50	REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L.B. Tanner 6107 Natural Bridge		

(Licensed Embalmer's Statement on Reverse Side)

WRITE 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.....

....., Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

J. W. M. Dinkley

Licensed Embalmer No. *3657*

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.