

FILED NOV 22 1950

STANDARD CERTIFICATE OF DEATH

State File No. 39324

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3067 Registrar's No. 2695

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 town) Ladue		c. CITY (If outside corporate limits, write RURAL and give township) Ladue	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) #2 Brookside Lane	
d. FULL NAME OF HOSPITAL OR INSTITUTION #2 Brookside Lane			

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) Jessie c. (Last) Wenger			4. DATE OF DEATH (Month) (Day) (Year) November 8, 1950	
5. SEX F /	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH October 29, 1864	9. AGE (In years last birthday) 86
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri St. Louis, Mo.	
13a. FATHER'S NAME John Wm. Kleekamp		13b. MOTHER'S MAIDEN NAME Marguerite Ballman	14. NAME OF HUSBAND OR WIFE Gustavus Wenger	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mr. E. F. Wenger, Ladue, Mo.		ADDRESS
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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) Intracranial Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 9 days 6900 ⁰ 21
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Head injury suffered over right occipital area due to accidental fall DUE TO (c) down stair steps at home		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Marked arteriosclerosis		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) At home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Ladue St. Louis Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct. 30, 1950 12:35 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Accidental fall down stair steps.

22. I hereby certify that I attended the deceased from 5/31, 1945, to 11/8, 1950, that I last saw the deceased alive on 11/8, 1950, and that death occurred at 7:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE Robert H. Meador M.D.	23b. ADDRESS 2 S. Central, Clayton 5, Mo.	23c. DATE SIGNED 11-9-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/10/50	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		

DATE REC'D BY LOCAL REG. 11-9-50	REGISTRAR'S SIGNATURE H. R. Dombke M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary, 6633 Clayton Road	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

40001

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *Ronald O. Yohnke*

Licensed Embalmer No. *3917*

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.