

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10282
2095

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN) ST. LOUIS		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		2099	
d. FULL NAME OF HOSPITAL OR INSTITUTION CHRISTIAN HOSPITAL				d. STREET ADDRESS (If rural, give location) 1429 PENROSE			
3. NAME OF DECEASED (Type or Print) a. (First) ANNA		b. (Middle) _____		c. (Last) WEND		4. DATE OF DEATH (Month) (Day) (Year) 3-3-51	
5. SEX 1 FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE (1)		8. DATE OF BIRTH 6-29-1874	
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) ST. LOUIS 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TEACHER		10b. KIND OF BUSINESS OR INDUSTRY PUBLIC SCHOOL		11. BIRTHPLACE (State or foreign country) ST. LOUIS 0		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME HENRY WEND			13b. MOTHER'S MAIDEN NAME LOUISE HERTER			14. NAME OF HUSBAND OR WIFE _____	
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 Otto Gessing Farmington Mo			
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary embolus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic dry rot</u> DUE TO (c) <u>sun of the lungs</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>100X</u>			
22. I hereby certify that I attended the deceased from <u>Feb 1</u> , 19 <u>51</u> to <u>Mar 3</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Mar 2</u> , 19 <u>51</u> , and that death occurred at <u>12 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Anna Wend</u> (Degree or title) _____				23b. ADDRESS _____		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/6/1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethany</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Co Mo</u>	
DATE REC'D BY LOCAL REG. MAR 5 1951		REGISTRAR'S SIGNATURE <u>J. B. Brown</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A. Kwon Hills 2707 N. Grand</u>			

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

Stanley H. Wilson

Licensed Embalmer No. *4193*

P. O. Address *St. Louis*

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.