

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14881

State File No. ....

318

1005

Registrar's No. 3087

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		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 township) OR TOWN ST. LOUIS,		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS,		2109	
d. FULL NAME OF HOSPITAL OR INSTITUTION: CHRISTIAN HOSPITAL				d. STREET ADDRESS (If rural, give location) 4509 NATURAL BRIDGE AVE			
3. NAME OF DECEASED (Type or Print) a. (First) HARRY b. (Middle) H. c. (Last) WENDELER			4. DATE OF DEATH (Month) (Day) (Year) MARCH 30, 1951				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT, 26, 1902		9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME WILLIAM H. WENDELER		13b. MOTHER'S MAIDEN NAME LOUISE DAUER		14. NAME OF HUSBAND OR WIFE MABEL MAY WENDELER			
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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MABEL MAY WENDELER 4509 NATURAL BEIDGE			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Failure</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Cardio-vascular Renal</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Scoliosis &amp; Keratoconus</u>					INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
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)		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>HAZ</u>			
22. I hereby certify that I attended the deceased from <u>25 Dec, 1951</u> , to <u>26 Dec, 1951</u> , that I last saw the deceased alive on <u>26 Dec, 1951</u> , and that death occurred at <u>5:00</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Walter H. ...</u>				23b. ADDRESS <u>4001 W. ...</u>		23c. DATE SIGNED <u>2 April 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE <u>4/3/51</u>	24c. NAME OF CEMETERY OR CREMATORY ST. PETERS CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO.		
DATE REC'D BY LOCAL REG. <u>APR 2</u>		REGISTRAR'S SIGNATURE <u>J. B. Kasala</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE			

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 me

working under my personal supervision.

Student Embalmer No. ....

Signed [Signature]

Signed.....  
Student Embalmer

Licensed Embalmer No. [Signature]

P. O. Address [Signature]

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.