

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39903**
9862
Registrar's No.

FILED DEC 8 - 1951

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE		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 University City	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital		d. STREET ADDRESS 7075 Corbitt Avenue			
3. NAME OF DECEASED (Type or Print)		a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
FRANK		XAVIER		WENTURA	11 5 51
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 6, 1895	9. AGE (In years last birthday) 56	10. MONTHS 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) cutter		10b. KIND OF BUSINESS OR INDUSTRY cap manufacture		11. BIRTHPLACE (State or foreign country) Austria	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME unk.		13b. MOTHER'S MAIDEN NAME unk.	
14. NAME OF HUSBAND OR WIFE Pearl Wentura		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. 493-09-0606	
17. INFORMANT'S SIGNATURE OR NAME Pearl Wentura		17. INFORMANT'S SIGNATURE OR NAME Pearl Wentura		17. INFORMANT'S ADDRESS 7075 Corbitt Avenue	
18. CAUSE OF DEATH (Enter only one cause per (a), (b), and (c)) <i>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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORPULMONALE ANTECEDENT CAUSES RIGHT HEART FAILURE Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) BRONCHOPNEUMONIA DUE TO (c) SENILE EMPHYSEMA			INTERVAL BETWEEN ONSET AND DEATH 2 yrs 2 mos 2 wks ?
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H343	
22. I hereby certify that I attended the deceased from 27 Oct, 1951 , to 5 Nov, 1951 , that I last saw the deceased alive on 2 Nov, 1951 , and that death occurred at 3:12 m. , from the causes and on the date stated above.					
23a. SIGNATURE Warren M. Ferguson M.D.		(Degree or title)		23b. ADDRESS 457 N. Kings Highway	
23c. DATE SIGNED 6 Nov 51		24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 11-8-1951	
24c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri			
DATE REC'D BY LOCAL REG. NOV 7 1951		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons	
				ADDRESS 7233 Delmar Blvd.	

Dr. Bruce Kenamore
457 N. Kingshighway
RO-1256

Shaw

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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 39903
Local Registrar's No. 9862

State of _____ }
County of _____ } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 16 day of November, 1951, before me appears.....

Mrs. Pearl Wentura., who, upon her oath, states that the original record of ~~her~~ death

for Frank Xavier Wentura ^{died} ~~XXXX~~ Nov. 5, 1951, in the State of
Missouri, and which was filed at St. Louis ~~XXXX~~ on 11-6-, 1951, should be corrected as follows:

Item No. 8 should read MAY 6, 1882

Instead of May 6, 1893

Item No. 9 should read 69 years ~~5 Months~~ 29 Days.

Instead of 68 - ~~3-12-19~~

Item No. _____ should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant Mrs Pearl Wentura - wife
Relationship.

7075 Corbett Ave -
Present Address.

Subscribed and sworn to before me this 17 day of November, 1951

My Commission expires 4/4/52 J. J. Lupton Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.