

FILED AUG. 12 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26594

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 541	Registrar's No. 2051
1. PLACE OF DEATH a. COUNTY St. Louis 3		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution.) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give town) Clayton		c. CITY (If outside corporate limits, write RURAL and give township) Clayton 44 4442		
c. LENGTH OF STAY (in this place) DOA		d. STREET ADDRESS (If rural, give location) 24 N. Meramec		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis County Hospital				
3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) THOMAS c. (Last) WENGLER		4. DATE OF DEATH (Month) (Day) (Year) July 30, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH June 16, 1881	9. AGE (In years) (If under 1 year last birthday) 71 (If under 1 year Months) 1 (If under 2 hrs. Days) 14 (Hours) 14 (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Title Examiner		10b. KIND OF BUSINESS OR INDUSTRY Gen'l Title Corp. Missouri		11. BIRTHPLACE (State or foreign country) 0
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Wm. C. Wengler		13b. MOTHER'S MAIDEN NAME Elizabeth Lanphier		14. NAME OF HUSBAND OR WIFE Edna Wengler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 488-03-8012		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lucille Wheeler, Kirkwood, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) unknown natural causes ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH unk 7955
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?
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE <i>Herbert R. Donke</i> (Degree or title) 8		23b. ADDRESS 651 S. Brentwood Blvd.		23c. DATE SIGNED 1 Aug. 52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/1/52		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.				
DATE REC'D BY LOCAL REG. 8-1-52		REGISTRAR'S SIGNATURE <i>Herbert R. Donke</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Louis H. Papp, Inc.</i> ADDRESS <i>Kirkwood Mo.</i>

(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 M. W. Ruster

Licensed Embalmer No. 4865

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.