

STANDARD CERTIFICATE OF DEATH

State File No. **30177**
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7433**MED AUG 23 1952
BIRTH NO. _____

1. PLACE OF DEATH a. COUNTY XX XIX MO XS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2119	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 3		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis d	
d. FULL NAME OF HOSPITAL OR INSTITUTION Foot of Elwood Ave.		d. STREET ADDRESS (If rural, give location) 2404 Bacon Street	

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Wenzel, Jr. c. (Last) Wenzel, Jr.			4. DATE OF DEATH (Month) (Day) (Year) Aug 28 1952		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH 6-21-1935		9. AGE (In years last birthday) 17		IF UNDER 1 YEAR Months 1 Days 6	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dairy Worker		10b. KIND OF BUSINESS OR INDUSTRY Peverly Dairy		11. BIRTHPLACE (State or foreign country) St. Louis 0	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Joseph Wenzel			
13b. MOTHER'S MAIDEN NAME Thelma Ashbrook		14. NAME OF HUSBAND OR WIFE			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 494-36-2089		17. INFORMANT'S SIGNATURE OR NAME Thelma Young ADDRESS 2404 Bacon St.	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation due to drowning		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO while wading in the Mississippi River near		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1952 at about 1:30 pm			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE OR HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, school, street, office bldg., etc.) River		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 27 52 1:30 pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? dov E.9298	

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 **6:30** p.m., from the causes and on the date stated above. **HP**

23a. SIGNATURE Paul Smith (Degree or title) 3		23b. ADDRESS 1300 Clark Ave		23c. DATE SIGNED 8/4/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 4		24b. DATE 8/5/52		24c. NAME OF CEMETERY OR CREMATORY Memorial Park	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary ADDRESS 6633 Clayton Rd			

DATE REC'D BY LOCAL REG. AUG 4 1952		REGISTRAR'S SIGNATURE J. Paul Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary ADDRESS 6633 Clayton Rd	
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(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 _____

No Embalming
working under my personal supervision.

Student Embalmer No.

Signed _____

Ernest W. Spiller

Signed.....
Student Embalmer

Licensed Embalmer No. *4080*

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.