

No. 300  
10.46

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16357

FILED MAY 14 1953

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4051**

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>Mo</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo</b>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2330 Montgomery St</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo</b> <b>2209</b>	
d. STREET ADDRESS <b>20</b>		(If rural, give location) <b>2330 Montgomery St</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Katherine</b> b. (Middle) <b>(Katie)</b> c. (Last) <b>Wenzel</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>4-18-53</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 13 1868</b>
9. AGE (in years last birthday) <b>84</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <b>Joseph Wenzel</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret ANN Bauer</b>	14. NAME OF HUSBAND OR WIFE <b>Fred Wenzel (Deceased)</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <b>mo</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr Edward Schaefer 3011 Kemp Dr</b>
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) <b>Coronary Thrombosis</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive cardiac disease</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19a. DATE 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 <b>4201</b>	
22. I hereby certify that I attended the deceased from <b>Jan. 1942</b> to <b>April 18, 1953</b> , that I last saw the deceased alive on <b>April 17, 1953</b> , and that death occurred at <b>6:30 a. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>W. S. Smead</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>2302 University St.</b>	
23c. DATE SIGNED <b>4/18/53</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-20-53</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>St. Peters &amp; Paul Cem</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo</b>	
DATE REC'D BY LOCAL REG. <b>APR 20 1953</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Goodhart-Goodhart 2228 St. Louis, Ave</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

*Robert M. Murray*

Licensed Embalmer No. *3749*

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.