

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**3415**  
State File No. ....  
**0164**  
Registrar's No. ....

**FILED JAN 26 1954**

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

No. 300  
10.48

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

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. ....		Registrar's No. ....					
<b>1. PLACE OF DEATH</b>					<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).								
a. COUNTY <u>0</u>					a. STATE <u>Missouri</u>								
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Saint Louis</u>					b. COUNTY _____								
c. LENGTH OF STAY (In this place) <u>2 Years</u>					c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Louis</u> <u>2259</u>								
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>De Paul Hospital</u>					d. STREET ADDRESS (If rural, give location) <u>25 1528 Locust Street,</u> <u>8</u>								
<b>3. NAME OF DECEASED</b> (Type or Print)			a. (First) <u>FREDERICK</u>			b. (Middle) <u>A.</u>			c. (Last) <u>WENDT</u>				
4. DATE OF DEATH			a. (Month) <u>January</u>			b. (Day) <u>6th</u>			c. (Year) <u>1954</u>				
5. SEX <u>Male</u> <u>0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct. 22nd, 1888</u>		9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lawyer-Immigration</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Dept. of Justice</u>				11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Wendt</u>				13b. MOTHER'S MAIDEN NAME <u>Augusta (Unknown)</u>				14. NAME OF HUSBAND OR WIFE <u>late Mary Wendt</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Roy H. Bergmann,</u> ADDRESS <u>4527 Marlboro Ct. Normandy</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>								INTERVAL BETWEEN ONSET AND DEATH <u>3-4 yrs</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic nephritis</u>											
		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.											
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>592X</u>									
22. I hereby certify that I attended the deceased from <u>Jan 13, 1953</u> , to <u>Jan 6, 1954</u> , that I last saw the deceased alive on <u>Jan 6, 1954</u> , and that death occurred at <u>3:10 P.M.</u> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>[Signature]</u>						23b. ADDRESS <u>539 N. Grand</u>			23c. DATE SIGNED <u>1-7-54</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1/9/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u>				24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>					
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>JAN 8 1954</u>		FURNERAL DIRECTOR'S SIGNATURE ADDRESS <u>CALVIN F. PEUTZ, INC., 4828 Natural Bridge FURNERAL HOME, St. Louis, 15, Missouri</u>											

(Licensed Embalmer's Statement on Reverse Side)

Thursday Sure

File in City

**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 *John A. Menier*

Licensed Embalmer No. *4186*

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.