FILED MAR 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6972

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2150

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Alexian Bros

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 2249 3129 Lemp

3. NAME OF DECEASED (Type or Print): a. (First) Arthur b. (Middle) W. c. (Last) Wende

4. DATE OF DEATH (Month) 3 (Day) 7 (Year) 54

5. SEX M

6. COLOR OR RACE Wc

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH 7/14/1896

9. AGE (In years last birthday) 57 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Nordberg Mfg.

11. BIRTHPLACE (City and State or Foreign Country): St. Louis

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Charles

13b. MOTHER'S MAIDEN NAME Elizabeth Etling

14. NAME OF HUSBAND OR WIFE Wilhelmina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME W. Wende 3129 Lemp — ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cardio-Vascular-Renal disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) Hypertension - Nephritis — 3 yrs

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 ☐ NO ☑

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

442X

22. *I hereby certify that I attended the deceased from* 1951, 19__, *to* 3-7-54, 19__, *that I last saw the deceased alive on* 3-6, 1954, *and that death occurred at* 6:20 A m., *from the causes and on the date stated above.*

23a. SIGNATURE E. Rund M.D. (Degree or title)

23b. ADDRESS 5417 So Grand Blvd

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE 3/10/54

24c. NAME OF CEMETERY OR CREMATORY: Sunset Burial Park

24d. LOCATION (City, town, or county) (State): St. Louis Co MO

DATE REC'D BY LOCAL REG. MAR 8 1954

REGISTRAR'S SIGNATURE J. Carl Smith M.D. M.D.

25. FUNERAL DIRECTOR'S SIGNATURE Schumacher Funeral Home — ADDRESS 3013 Mer/

(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 Jack Haugh

Licensed Embalmer No. 4746

P. O. Address Hannibal Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.