

FILED OCT 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31688

State File No.

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8470**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or TOWN St. Louis, Mo)		c. LENGTH OF STAY (in this place) township)	c. CITY OR TOWN St. Louis, Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospt		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
STREET ADDRESS 2829 Semple Ave		(If rural, give location) 206 10	

3. NAME OF DECEASED (Type or Print) a. (First) Victor b. (Middle) C c. (Last) Windle	4. DATE OF DEATH (Month) (Day) (Year) Sept 25, 1955
5. SEX Male	6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 19 1884
9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Operator	10b. KIND OF BUSINESS OR INDUSTRY Public Service
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John S Wendle	13b. MOTHER'S MAIDEN NAME Anna Townsend	14. NAME OF HUSBAND OR WIFE Veronica M Wendle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Daniel Wendle ADDRESS 716 Cleveland Av Kirkwood

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) multiple pulmonary Emboli INTERVAL BETWEEN ONSET AND DEATH 1/2 day ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cause unknown DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 46-5x	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 **9-25**, 19**55**, to **9-25**, 19**55**, that I last saw the deceased alive on **9-25**, 19**55**, and that death occurred at **6:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Arthur K. Trokopoulos (Degree or title)	23b. ADDRESS 1850. Kings highway	23c. DATE SIGNED 9-27-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 28, 1955	24c. NAME OF CEMETERY OR CREMATORY Calvary Cem	24d. LOCATION (City, town, or county) (State) St. Louis, Mo
DATE REC'D BY LOCAL REG. SEP 27 1955	REGISTRAR'S SIGNATURE J. Carl Smith md	25. FUNERAL DIRECTOR'S SIGNATURE Sullivan's ADDRESS 2849 No Euclid Ave	

S.P. (Licensed Embalmer's Statement on Reverse Side)

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

M. O. P. J. Falk
F. 10150
18 Sa

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.....
Signature of Student Embalmer

Signed *Albert Hayfield*

Licensed Embalmer No. *30*

P. O. Address *1500*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.