

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35275**  
Registrar's No. **9241**

FILED NOV 15 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>Lifetime</b>		STREET ADDRESS (If rural, give location) <b>26 3915 N. 19th. Street (7)</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital # 1</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>WALTER C.</b>	b. (Middle)	c. (Last) <b>WENDT</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 21, 1955</b>
--	-----------------------------	-------------	------------------------	---

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	8. DATE OF BIRTH <b>Jan. 30, 1896</b>	9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
-----------------------	----------------------------------	--	--	--	---------------------------	-------------------------	---------------------------	--------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Carpenter</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Contractor</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
---	--	--	--

13a. FATHER'S NAME <b>Daniel Wendt</b>	13b. MOTHER'S MAIDEN NAME <b>Marie Rowland</b>	14. NAME OF HUSBAND OR WIFE <b>Mae Wendt (Deceased)</b>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W. # 1</b>	16. SOCIAL SECURITY NO. <b>497-16-4593</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Daniel E. Wendt 7721 Devenshire Ave (21)</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Subdural Hemorrhage</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>suffered when deceased fell from bed at home</b> DUE TO (c) <b>exact time could not be determined</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing the death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>E902:0 Accident</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	--	---

21a. ACCIDENT (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo</b>
--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>acc</b>
--	--	--

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 **7:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Patrick E. Taylor Coroner</b>	23b. ADDRESS <b>1300 Clark</b>	23c. DATE SIGNED <b>10 24 55</b>
--	-----------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-24-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Meridens Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>
--	------------------------------	--	---

DATE REC'D BY LOCAL REG. <b>OCT 24 1955</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>SUEDMEYER &amp; SON'S 3934 n. 20th. Street</b>
--	--	---

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..... *Melvin L. Kemper*

Licensed Embalmer No... *405*

P. O. address *3505*..... *St. Louis 20, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. .  
If this body is not embalmed, fact should be so stated above.