

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34303**  
**8976**

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

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 town(ship)) OR TOWN <b>St. Louis</b>	c. LENGTH OF STAY (in this place) <b>3yr lmo 19dy</b>	c. CITY OR TOWN <b>St. Louis,</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>

2b. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis Chronic Hospital</b>	e. STREET ADDRESS (If rural, give location) <b>2107 03941 A Palm St.</b>
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3. NAME OF DECEASED (Type or Print) a. (First) <b>Lena</b> b. (Middle) _____ c. (Last) <b>Wendlandt.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>September 24, 1957</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>APR. 27, 1880</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SECRETARY-CHRISTIAN PUB. CO.</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Frederick Wendlandt</b>	13b. MOTHER'S MAIDEN NAME <b>Clara Daehsel</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>HENRIETTA GUMMELS</b>	ADDRESS <b>718 FLORENCE AVE</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bilat. Lobar Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>
	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. <b>Left C.V.A. &amp; Rt. Hemiplegia</b>		
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **August 5, 1954**, to **September 24, 1957**, that I last saw the deceased alive on **Sept. 24, 1957**, and that death occurred at **2:50 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>John W. Beckham, M.D.</b>	23b. ADDRESS <b>5800 Arsenal</b>	23c. DATE SIGNED <b>9/25/57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>9-26-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>BELLEFONTAINE CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, MO.</b>
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DATE REC'D BY LOCAL REG. <b>SEP 25 57</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith, MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>KRIEGSHAUSER</b>	ADDRESS <b>4228 S. KINGSHIGHWAY</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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..... *Richard W. Stevenson*

Licensed Embalmer No. 400

P.O. Address.....

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.