URL DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 8 1959

59-041437

STATE FILE NUMBER

ENDED

Registration District No. 305 Primary Registration District No. 8047 Registrar's No. 31

1. PLACE OF DEATH
a. COUNTY St. Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wentzville Quincy
Length of stay in 1b Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.R.
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Charles
c. CITY OR TOWN Wentzville
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R.R. 1
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Katherine Middle Louise Lydia Last Wenke

4. DATE OF DEATH Month Nov. Day 25, Year 1959

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 9/30/1877
9. AGE (last birthday) 82
IF UNDER 1 YEAR Months 1 Days 26 IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY Home Duties
11. BIRTHPLACE (City and state or country) Wentzville, Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Rudolph Meier
13b. MOTHER'S MAIDEN NAME Margaret Rohlfing
14. NAME OF HUSBAND OR WIFE Frederich Wenke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT Address Mrs Norma Massmann, Wentzville, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) MEDULLARY FAILURE — INTERVAL BETWEEN ONSET AND DEATH: MINUTES

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) ANOXIA

DUE TO (c) CEREBRAL THROMBOSIS — 2-4 HOURS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) MYOCARDIAL LEFT VENTRICULAR HYPERTROPHY; POSSIBLE ABDOMINAL CARCINOMATOSIS, PRIMARY SITE UNKNOWN.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 27 DEC 1958, to 7 Nov. 1959 and last saw her alive on 8 OCT. 1959
Death occurred at 10:10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Warren B. Hamilton M.D. (Degree or title)
22b. ADDRESS WENTZVILLE, MO.
22c. DATE SIGNED 27 Nov. 1959

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11/28/59
23c. NAME OF CEMETERY OR CREMATORY St. Paul Cemetery
23d. LOCATION (City, town, or county) (State) New Melle, Mo.

24. FUNERAL DIRECTOR ADDRESS T.J. Pitman, Wentzville, Mo.
25. DATE RECD. BY LOCAL REG. Nov. 29 1959
26. REGISTRAR'S SIGNATURE Martin F. Duff

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Howard O Kissler

Signature of Student Embalmer

Licensed Embalmer No. 4631

P. O. Address Wentzville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.