

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-027929

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2110

FILED AUG 3 1961

| | | | |
|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Gardenville</u> | | c. CITY OR TOWN <u>Kirkwood</u> | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Henninger Nursing Home</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>207 Nelda</u> |
| 3. NAME OF DECEASED (Type or print) First <u>ELLA</u> Middle <u>WENZL</u> Last <u>WENZL</u> | | | 4. DATE OF DEATH Month <u>July</u> Day <u>27</u> Year <u>1961</u> |
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>8/17/1877</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u></u> | 9. AGE (last birthday) <u>83</u> |
| 11. BIRTHPLACE (City and state or country) <u>Iowa</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 13a. FATHER'S NAME <u>Anton Wenzl</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Schuepbach</u> | 14. NAME OF HUSBAND OR WIFE <u>none</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>-</u> | 17. INFORMANT Address <u>Lucille Bretthauer 207 Nelda</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral thrombosis, recurrent</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> |
| DUE TO (b) <u>cerebral arterio sclerosis</u> | | | |
| DUE TO (c) <u>generalized arterio sclerosis -</u> | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART (a) <u>Arterio-sclerotic heart disease: senile psychosis</u> | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <u></u> a.m. <u></u> Month, Day, Year <u></u> p.m. <u></u> | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 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 <u>Feb. 1960</u> to <u>July 27, 1961</u> and last saw her <u>alive on July 27, 1961</u> Death occurred at <u>7:00 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Hugh P. Cravell, M.D.</u> | | 22b. ADDRESS <u>9764 Truman Ferry Rd</u> | 22c. DATE SIGNED <u>7/28/61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 23b. DATE <u>7/29/1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>New St Marcus Cemetery</u> | 23d. LOCATION (City, town, or county) <u>St. Louis County, Mo.</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>John L Ziegenhein & Sons 7027 Gravois</u> | | 25. DATE RECD. BY LOCAL REG. <u>7-28-61</u> | 26. REGISTRAR'S SIGNATURE <u>John C. ...</u> |

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald B. King

Licensed Embalmer No. 04863

P. O. Address St. Louis, 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.