

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important!

REC'D MAR 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4723
Do not use this space.

1. PLACE OF DEATH

(a) County..... St, Louis Registration District No. 791
(b) Township..... Mo. Primary Registration District No. 1003
(c) City..... (d) Street No. City Hospital Registered No. 1368
(e) Length of residence in city or town where death occurred: yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

FRED WENDE
(a) Residence, No. 2613 N, Spring ave. St. III
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED WIDOW
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth WHITKAMP
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11 1848
7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin. 90 0 25
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME Fred WENDE

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Lizzie Wende

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT (ADDRESS) Otto WENDE 2613 N, Spring

18. BURIAL, CREMATION, OR REMOVAL PLACE Zions DATE 2-8-38

19. FUNERAL DIRECTOR (ADDRESS) SULLIVAN 3849 N. Euclid

20. FILED FEB 7 1938 J.D. Brubaker

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-5-1938
22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1936, to Feb 3, 1938.
I last saw him alive on Feb 3, 1938. Death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 1936?
Chronic Interstitial Nephritis 1936?
Arterial Hypertension
Other contributory causes of importance:
Name of operation: Radical Nephrectomy Date of operation: 1936
What test confirmed diagnosis? Blood exam. & Urinalysis Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify: No
(Signed) Geo B. Hoeger M. D.
(Address) 3442 Beulah Ave

STATE OF MISSISSIPPI
3443 Geraldine Ave.
EV 2054

8:09 AM

STATEMENT BY LICENSED EMBALMER

I, Eugene A Sullivan, Licensed Embalmer No. 2930

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed Eugene A Sullivan
Licensed Embalmer No. 2930

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.)