S. No. 2
M—9-4-41
r. 5-17-39
P I X29484

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 22 1942
Registration District No. 2137

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3014

State File No. 10630

Registrar's No. 84

26 54

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau
(c) City or town California
(If outside city or town limits, write "RURAL") 068
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Helen Louise Wendelman

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced D
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec (Month) 19 (Day) 1941 (Year)

8. AGE: Years | Months 2 | Days 19 | If less than one day hr. min.

9. Birthplace Moniteau (City, town, or county) Mo (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name Fred Wendelman
13. Birthplace St Louis (City, town, or county) Mo (State or foreign country)
14. Maiden name Clara Tackett
15. Birthplace St Louis (City, town, or county) Mo (State or foreign country)

16. (a) Informant Fred Wendelman
(b) Address California Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/30/42 (Month) (Day) (Year)
(c) Place: burial or cremation Jefferson City Mo

18. (a) Signature of funeral director Millsaps & Friedmeyer
(b) Address California Mo

19. (a) 3-29-42 (Date received local registrar) (b) Norma Spichter (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Mar day 28
year 1942 hour 10:45 minute P M.

21. I hereby certify that I attended the deceased from Feb 27 1942 to Mar 28 1942 that I last saw h alive on Mar 28 (6 p.m.) 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar pneumonia	2 days
Due to Gastro-Enteritis	6 mos
Due to Pylorus Stenosis	Birth
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Enlarged Thymus
Pneumonia
Of autopsy Gastro-Enteritis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature J B Krause (M. D. or other)
Address Jefferson City, Mo Date signed 3/29/42

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

The Body was Not Embalmed

Signed H E Williams

Licensed Embalmer No. 3837

P. O. Address California 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 this body is not embalmed, fact should be so stated above.