

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

Do not use this space.

6514

**1. PLACE OF DEATH**

County ..... Registration District No. ....  
Township ..... Primary Registration District No. ....

City St. Louis (No. City Hospital)  
#18413

File No. ....  
Registered No. 1568  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 2114 Bremer St. Ward 26  
(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 30 - 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
3

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil  
9. Industry or business in which work was done, as silk mill, 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) St. Louis (STATE OR COUNTRY) Missouri

FATHER 13. NAME Eugene Wunderlich

14. BIRTHPLACE (CITY OR TOWN) Winstons (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Matilda Zuehl

16. BIRTHPLACE (CITY OR TOWN) Pacific (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Hospital Information

18. BURIAL, CREMATION, OR REMOVAL PLACE PT DATE 2-18-32

19. UNDERTAKER (ADDRESS) Johnson 1426

20. FILED - FEB 17 1932 W. L. Stover Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 2nd, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30th, 1932 to Feb. 2nd, 1932  
I last saw h. l. m. alive on Feb. 2nd, 1932 Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

159  
Prematurity  
(6 1/2 months)

Other contributory causes of importance

Name of operation 159 Date of no

What test confirmed diagnosis? ..... Was there an autopsy? no

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) W. L. Stover, M. D.

(Address) City Hospital

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

Wunderlich