

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

Do not use this space.

21908

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. 2104, St 11th)

File No.....
Registered No. 5651
St..... Ward.....

2. FULL NAME

(a) Residence, No. 2104 - St 11th St., 23 Ward.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Wunsch</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 11 - 1856</u>			
7. AGE	YEARS <u>78</u>	MONTHS <u>0</u>	DAYS <u>22</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Tobacco Worker</u>			
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) (STATE OR COUNTRY) <u>St. Louis Mo</u>			
13. NAME <u>Max Wunsch</u>			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
15. MAIDEN NAME <u>Unknown</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
17. INFORMANT (ADDRESS) <u>Mary Wunsch</u> <u>2104 - St 11th</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New St. Peter Paul</u> DATE <u>June 5 1934</u>			
19. UNDERTAKER (ADDRESS) <u>Wacker, Elderde</u> <u>2331 1/2 Broadway</u>			
20. FILED <u>56</u> <u>1934</u> , 19 <u>June 5</u> 19 <u>34</u> <u>J. Beckert</u> Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3 1934

22. I HEREBY CERTIFY, that I attended deceased from 2:50 PM to 6:30 PM, 1934
I last saw him alive on 6-3-34, 1934. Death is said to have occurred on the date stated above, at 4:15 m.
The principal cause of death and related causes of importance were as follows:
Hypostatic Pneumonia Date of onset 6-3-34
lobar Pneumonia
Other contributory causes of importance:
Senility

Name of operation None Date of 7/10
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury 7/10, 1934
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?
If so, specify None
(Signed) D. H. Merriwell, M. D.
(Address) American Hotel

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.

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

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Dr. [unclear] [unclear]