MAR 5 - 1937

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

Do not use this space.

File No. 8745
Registered No. 2209

1. PLACE OF DEATH

County: Out
Township: 30
City: St. Louis 7 (No. St. Johns Hospital St. Ward)

Registration District No. 791
Primary Registration District No. 1003

2. FULL NAME Hanna Wulze

(a) Residence, No. 4221 Delmar Blvd. St., 19 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. Edward A. Wulze

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 20, 1876

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
60	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home 25

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

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) St. Louis, Mo.

FATHER

13. NAME Unknown 31

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Dr. Edward A. Wulze
(ADDRESS) 4221 Delmar Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters Cem. DATE Feb. 24th, 1937

19. UNDERTAKER Strehmann Yard
(ADDRESS) 1905 Union Blvd.

20. FILED FEB 23 1937 19 J. H. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 21st, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1937, to Feb 21, 1937
I last saw her alive on February 21, 1937. Death is said to have occurred on the date stated above, at 9:19 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	11/1/36
Pernicious Anemia	7/1/36

Other contributory causes of importance:

Arteriosclerosis	1934

Name of operation None Date of —
What test confirmed diagnosis? Was there an autopsy? Yes

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
(Signed) Charles H. Gulmann, M. D.
(Address) 5783 Cabanne Ave

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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