

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.

Dr. J. Taylor

DEC 16 1937

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

41042
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213

(b) Township _____ Primary Registration District No. 3014

(c) City Jefferson (d) Street No. St Marys Hosp Registered No. 305

(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 Lillie May Wunderlich

(a) Residence, No. _____ St. (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Otto G. Wunderlich

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-18-1873

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
<u>35</u>	<u>64</u>	<u>1</u>	<u>4</u>

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

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

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 Calvin Spragg

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT Otto G. Wunderlich
(ADDRESS) Csage City, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE River View Cem DATE Nov-24-1937

19. FUNERAL DIRECTOR Joseph G. Gordon
(ADDRESS) Jefferson City, Mo

20. FILED 11/23/37 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 22 1937

I HEREBY CERTIFY, That I attended deceased from Nov 17, 1937, to Nov 22, 1937

I last saw her alive on Nov 22, 1937. Death is said to have occurred on the date stated above, at 11 m.

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

Labar Pneumonia (Bilateral)

Date of onset 11-15-37

Other contributory causes of importance: 108

Name of operation _____ Date of _____

What test confirmed diagnosis? Path + Physic to 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 _____ (Signed) H. J. Taylor, M. D.
(Address) Jefferson City Mo

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

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

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)