

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

5251
 Do not use this space.

REC'D MAR 14 1938

791
1003

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No..... Registered No. **1896**
 (c) City **St. Louis** (d) Street No. **Deaconess Hospital** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? **70** yrs. - mos. - ds.

2. PRINT FULL NAME

William B. Wulfers **4/6**
 (a) Residence, No. **Route #2 St. James, Mo.** St. **WR**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	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 Husband of Nettie Wulfers		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 13, 1864		
7. AGE YEARS 73	MONTHS 3	DAYS 7
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer		
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year) Jan. 1938		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hanover Germany		
13. NAME Henry Wulfers		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hanover Germany		
15. MAIDEN NAME Caroline Wulfers LICHTENBERG		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hanover Germany		
17. INFORMANT Mrs. Nettie Wulfers (ADDRESS) Route #2 St. James, Mo.		
18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethlehem Cem DATE Feb. 23, 1938		
19. FUNERAL DIRECTOR Ched Meyer & Co (ADDRESS) 3934 M. 20 St		
20. FILED FEB 23 1938 99 1938 J.P. Bredich		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 20, 1938**

22. I HEREBY CERTIFY That I attended deceased from **Feb. 18, 1938** to **Feb. 20, 1938**

I last saw him alive on **Feb. 19, 1938**. Death is said to have occurred on the date stated above, at **12:50 A.M.** m.

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

Lobar Pneumonia (Lobar)

Pleurisy Of Both Sides
(With Effusion)
With a Mitral Insufficiency

Other contributory causes of importance:

Chronic Interstitial Nephritis
Chronic Myocarditis

Name of operation..... Date of operation.....
 What test confirmed diagnosis? **Clinical** Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **No** Date of injury **No**, 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) **W.J. Niebuhr, M.D.**
 (Address) **3021 N. 20th St**
St. Louis Mo

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.

STATEMENT BY LICENSED EMBALMER

I, Geo. P. Schubert

Licensed Embalmer No. 2212

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

Myself

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed

Geo. P. Schubert

Licensed Embalmer No. 2212

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.)