

REC'D JUN 9 1938

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

791
1008

16634
Do not use this space.

Registered No. **4495**

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis Mo. (d) Street No. 5341 Ridge 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? yrs. mos. ds.

2. PRINT FULL NAME

Paul Wunderlich 526
 (a) Residence, No. 5341 Ridge av St. 6
 (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 Lena

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11, 1974

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 8 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Janitor
 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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) New Wells Mo. (STATE OR COUNTRY) 0

FATHER 13. NAME John Wunderlich 0

14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) 0

MOTHER 15. MAIDEN NAME Josephine Bendelen

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

17. INFORMANT Lena Wunderlich (ADDRESS) 5341 Ridge

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethlehem Cem DATE May 18, 1938

19. FUNERAL DIRECTOR Reiderwieden Funeral Home (ADDRESS) 1936 St. Louis Ave.

20. FILED MAY 17 1938 J. B. Brudick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16th, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 2nd, 1938 to May 16th, 1938. I last saw him alive on May 18th, 1938. Death is said to have occurred on the date stated above, at 9:30 am.

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

Pneumonia Bacterial 1938

Other contributory causes of importance:

Bronchitis

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

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) Frederick D. Van Buren, M. D.

(Address) 1275 S. Alvington Ave.

