. S. No. 2
I—11-10-39
v. 5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 1002

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 1002

**1. PLACE OF DEATH:**

(a) County 2

(b) City or town St Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4746 Michigan Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days) 5 [illegible]

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County

(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")

(d) Street No. 4746 Michigan Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Sophia Wunsch

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charles Wunsch

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan (Month) 6 (Day) 1852 (Year)

8. AGE: Years 88 Months 0 Days 24 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation House wife

11. Industry or business 0

FATHER
12. Name Unknown 9
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma Schaffer
(b) Address 4746 Michigan Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 2 1940 (Month) (Day) (Year)
(c) Place: burial or cremation New St Marcus

18. (a) Signature of funeral director Heiligtag Funeral Home
(b) Address Kimmswick Mo.

19. (a) JAN 31 1940 (Date received local registrar) (b) J. Bruhek (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month JAN day 30
year 1940 hour 2.45 minute P M.

21. I hereby certify that I attended the deceased from JAN 26, 1940, to JAN 30, 1940
that I last saw her alive on JAN 30, 1940;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death unspecified hypostatic pneumonia | 4 days |
| Due to senility | |
| Due to age & infirmities | |
| Other conditions none (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature E. C. Loew (M. D. or other)
Address 3146 Russell Blvd. Date signed 1/31/40

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____,

working under my personal supervision.

Signed Howard F. Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis Mo

**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.)**

**If this body is not embalmed, above space should be left blank.**