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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. 19522

FILED JUN 10 1940

Registration District No. 7847 Primary Registration District No. 200 Registrar's No. 990

**1. PLACE OF DEATH:**

(a) County St. Louis

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

(c) Name of hospital or institution: Mt. St. Rose Sanatorium 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 26 days (Specify whether years, months or days)

In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Illinois (b) County

(c) City or town Chicago 88
(If outside city or town limits, write "RURAL")

(d) Street No. 859 E. 88
(If rural, give location)

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

3. (a) PRINT FULL NAME Edward H. Wunder 536

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Margaret Coad Wunder

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

7. Birth date of deceased May (Month) 17, (Day) 1874 (Year)

8. AGE: Years 66 Months — Days 4 If less than one day hr. min.

9. Birthplace (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation Carpenter 9

11. Industry or business

FATHER 12. Name Edward H. Wunder 8

13. Birthplace Unknown 7 (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Elizabeth Neighbour

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Margaret Wunder

(b) Address 7737 W. Biltmore Clayton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director M. J. Crafton

(b) Address 7146 Manchester Ave.

19. (a) MAY 22 1940 (Date received local registrar) (b) R. R. Meyer M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 5 day 21 year 40 hour 7 minute 55 M.

21. I hereby certify that I attended the deceased from 4-25-, 1940 to 5-21, 1940; that I last saw him alive on 5-21, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Fat adv Bilateral Pulm Tbc — Duration

Due to Enteritis - tuberculous?

Due to Lymphatic tuberculous?

Other conditions (Include pregnancy within 3 months of death) 29

Major findings:
Of operations Fat adv Pulm Tbc
Tuberculous Lymph
Enteritis - tuberculous

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

707

23. Signature J. E. Bauman (M. D. or other) 1

Address 9101 So. Broadway Date signed 5-22-40

(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 Francis A Williamson

Licensed Embalmer No. 3565

P. O. Address 7146 Manchester

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

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