

No. 2
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17-39
X23193

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. **4948**
Registrar's No. **1196**

REC MAR 25 1941 791
Registration District No. _____

Primary-Registration District No. _____

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
City Hosp. #1
(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

3. (a) PRINT FULL NAME Charles Wulfert

3. (b) If veteran, name war 710

3. (c) Social Security No. 710

4. Sex Male

5. Color of race white

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

6. (b) Name of husband or wife Elizabeth Wulfert

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased April 22 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>60</u>	<u>9</u>	<u>12</u>	hr. _____ min. _____

9. Birthplace M. Charles Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter Retired.

MOTHER FATHER

12. Name Fred Wulfert

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

14. Maiden name Unknown

15. Birthplace 11 9
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Wulfert

(b) Address 1932 President St.

17. (a) Burial (b) Date thereof 2-6-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cem

18. (a) Signature of funeral director Wm. Bro. & Co.

(b) Address 7929 S. Jefferson Av.

19. (a) **FEB 5 1941** (b) J. H. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17

(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")

(d) Street No. 1932 President St. 3rd Fl.
(If rural, give location)

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

Attending Physician

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4
year 1941 hour 4 minute 00 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Perforated Duodenum Ulcer Duration _____

But Acute Peritonitis

Due to _____

Due to _____

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

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 3

23. Signature Thomas Hallen (M. D. or other) _____
Address Deputy Coroner Date signed 2/5/41

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.....

Paul A. Shanklin

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....
Paul A. Shanklin

Licensed Embalmer No. *3477*

P. O. Address.....*2989 S. Jefferson*

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, fact should be so stated above.