

No. 2
4-13-40
5-17-39
PI X23159

PREPARED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12979
3409
Registrar's No.

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town. St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(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. Arnold Wuellner

3. (b) If veteran, name war _____ 3. (c) Social Security No. 488-03-0446

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife. Iola Cates Wuellner 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased. June 10 1902
(Month) (Day) (Year)

8. AGE: Years 38 Months 10 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Cigar Packer

11. Industry or business Tobacco

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Iola Wuellner

(b) Address 2118 E. Prairie Ave.

17. (a) Burial (b) Date thereof 4-21-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director. Stroot-Carroll Und.
(b) Address 4600 Natural Bridge Ave.

19. (a) APR 21 1941 (b) J. T. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 0809
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2118 E. Prairie Ave. 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 180 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1941 hour 10 minute 26 A. M.

21. I hereby certify that I attended the deceased from Aug 1938
to Apr 18 41
that I last saw him alive on Apr 18
and that death occurred on the date and hour stated above.

Immediate cause of death Intra cranial Hemorrhage Duration 4 hrs.

Due to Hypertension

Due to Cerebral Hemorrhage
non calcareous

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

Major findings: g30 170
Of operations no
Of autopsy Hemorrhage Brain
Cerebral Hemorrhage

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? _____

(e) Means of injury _____
While at work? _____

23. Signature J. T. Bredek (M. D. or other) M.D.
Address 4126 S. Shreve Date signed 4-19-41

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

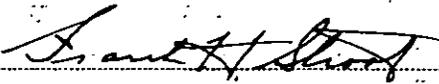
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 2265

P. O. Address.....

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.