

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:

(a) County ST. LOUIS MO.
(b) City or town _____
(c) Name of hospital or institution: 4157 St. Louis 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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis Mo. (If outside city or town limits, write "RURAL")
(d) Street No. 4157 St. Louis ave (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William J Wilund

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased 3/21/1881
(Month) (Day) (Year)

8. AGE: Years 61 Months 3 Days 19
If less than one day _____ hr. _____ min.

9. Birthplace ST. LOUIS MO. (City, town, or county) (State or foreign country)

10. Usual occupation Oiler

11. Industry or business City of St. Louis

12. Name John Wilund

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

14. Maiden name Matilda Johnson

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

16. (a) Informant Mrs Minnie Slevan

(b) Address 4157 St. Louis ave

17. (a) Burial (b) Date thereof 7/13/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director Sullivan Bro's

(b) Address 2849 N. Euclid ave

19. (a) JUL 11 1942 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
year 1942 hour _____ minute 30 P.M.

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

Immediate cause of death _____ Duration _____

Coronary Occlusion
Arterio Sclerosis

Due to _____
Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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? 3

While at work? _____ (Specify type of place) (b) Means of injury _____

23. Signature Alfred Perry (M. D. or other)

Address _____ Date signed 7/11/42

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

MOTHER FATHER

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 Welford G Burnley
Licensed Embalmer No. 4302
P. O. Address St. Louis

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.