S. No. 2
1—9-4-41
. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 6 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20143 5394

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

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

1. PLACE OF DEATH:

(a) County
(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: Seventh & Popular Sts (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 (b) County County 96
(c) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL") NCR
(d) Street No. 9853 Jeffrey Dr. (If rural, give location) 0
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WUNDER, CONRAD L.
3. (b) If veteran, name war ✓
3. (c) Social Security No. 703-03-3675
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife EDNA
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased 7 (Month) 22 (Day) 1885 (Year)

8. AGE:	Years	Months	Days	If less than one day
	56	10	29	hr. min.

9. Birthplace MISSOURI (City, town, or county) 0 (State or foreign country)
10. Usual occupation CAR INSPECTOR
11. Industry or business TERMINAL RAILROAD
FATHER
12. Name EDWARD A WUNDER
13. Birthplace NEW YORK (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name Elizabeth NIEBAUER
15. Birthplace Jel (City, town, or county) 1 (State or foreign country)
16. (a) Informant Mrs Ena Wunder
(b) Address 9853 Jeffrey Drive
17. (a) 6/24/42 (Burial, cremation, or removal) (b) Date thereof Cremation (Month) (Day) (Year)
(c) Place: burial or cremation Walhalla Crematory
18. (a) Signature of funeral director Provost Und Co
(b) Address 3710 N Grand Blvd
19. (a) JUN 2 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21st year 1942 hour 2:00 minute 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 — Duration
Exanguination and evisceration when he was run over by a switching train
Due to manned by William Hoobs, engineer, in the Carrie Avenue Yards of the
Due to Terminal Railroad, about 2:00 A.M. June 21, 1942
Other conditions (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: 000
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence June 21, 1942
(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Industrial Place (Specify type of place)
While at work? (e) Means of injury 2
23. Signature Alfred J Perry (M. D. or other)
Address Cleveland Avenue Date signed 6/23/42

844 (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 Robert L Brinkman

Licensed Embalmer No. 3553

P. O. Address 2710 N Grand

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.