S. No. 2
OM—5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34935

State File No. 0

FILED NOV 6 1942

Registration District No. 184 Primary Registration District No. 200 Registrar's No. 2156

96
0
0

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

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. Sept. 21, 1942 (Specify whether
In this community Since 9/21/42
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County 0

(c) City or town Fenton, 0
(If outside city or town limits, write "RURAL")

(d) Street No. -
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No)

If yes, name country - 0

3. (a) PRINT FULL NAME Harry H. Wilund

3. (b) If veteran, name war World War-1918

3. (c) Social Security No. 494-07-4508

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Delia

6. (c) Age ~~of husband or~~ wife if alive 62 years

7. Birth date of deceased April (Month) 1, (Day) 1890 (Year)

8. AGE: Years 52 Months 6 Days 14 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Steam Fitter

11. Industry or business -

FATHER
12. Name Henry Wilund
13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name -----, Johnson
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant [signature]
(b) Address Actg. Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 19, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery, J.B. Mo.

18. (a) Signature of funeral director C. H. [signature] & L. Co.
(b) Address 7814 S. Broadway, St. Louis, Mo.

19. (a) OCT 16 1942 (Date received local registrar) (b) E. G. McGarran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15, year 1942 hour 2:50 minute p. M.

21. I hereby certify that I attended the deceased from Sept. 21, 1942, to October 15, 1942 that I last saw him alive on October 15, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Tuberculosis, pulmonary, chronic, active, far adv.	Unknown
~~Due to~~ Other conditions, Carcinoma of prostate.	Unknown
~~Due to~~ Carcinoma of lung, bilateral, metastatic.	Unknown
Other conditions - (Include pregnancy within 3 months of death)	

51

Major findings:
Of operations -

Of autopsy No 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) no

(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

23. Signature [signature] (M. D. or other)

Address L. M. COCHRAN, M.D., Chief Medical Officer. Date signed 10/15/42

(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 Homer C. Dell, Registered Apprentice No. 335, working under my personal supervision.

Signed Edw. H. Lubinger

Licensed Embalmer No. 7149

P. O. Address 6464 Chippewa

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.