. S. No. 2
OM—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8888

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2335

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Residence; 2338 Tower Grove, 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: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, 917
(If outside city or town limits, write "RURAL")

(d) Street No. 2338 Tower Grove Ave.,
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Laura F. Wondracheck Walker.

3. (b) If veteran, name war none

3. (c) Social Security No. none.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Frank E. Wondracheck Walker

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Nov. (Month) 4th (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	4	5	hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name William Koehler.
13. Birthplace unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Anna Wondracheck.
15. Birthplace St. Louis, (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Frank E. Walker

(b) Address 2338 Tower Grove Ave.,

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/12/43. (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director C.R.Lupton & Sons

(b) Address 7233 Delmar, Blvd.

19. (a) MAR 20 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th year 1943 hour 6 minute 0.5 P M.

21. I hereby certify that I attended the deceased from Jan 5, 1943, to March 9, 1943 that I last saw her alive on March 9, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to

Due to heart lesion organic

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 None

(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 S. A. Mayzus (M. D. or other)

Address 3606 S. Kanon Date signed 3-10-43

(Licensed Embalmer's Statement on Reverse Side) S. H. Maizus

Dr. Dan H. Maizus.
3606 Gravois.
LA-7574
Hrs- 1-4 P.M.

MAR 24 1943

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 Lemmer, Registered Apprentice No. 351, working under my personal supervision.

Signed Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City Mo

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.