

FILED APR 26 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3468

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:
4345 Lee Ave
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community.....
 years, months or days) (Specify whether)

3. (a) PRINT FULL NAME Elsie Wunderle3. (b) If veteran, name war. No 3. (c) Social Security No. No4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Widowed6. (b) Name of husband or wife Chas. F. 8. (c) Age of husband or wife if alive..... years7. Birth date of deceased Dec. 5th, 1879
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
64 4 8 hr. min.9. Birthplace Germany 4
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business

12. Name Emil E. Demmrich13. Birthplace Germany 4
(City, town, or county) (State or foreign country)14. Maiden name Mary Schneider 4
(City, town, or county) (State or foreign country)15. Birthplace Germany 4
(City, town, or county) (State or foreign country)16. (a) Informant Arnold Demmrich(b) Address 4345 Lee Ave.17. (a) Burial (b) Date thereof 4/17/44
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Valhalla18. (a) Signature of funeral director. Kraeger-Voss-Fix(b) Address 3402 N. Kingshighway19. (a) APR 14 1944 (b) J. Medak
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 060
 (c) City or town St. Louis 17 10
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4345 Lee Ave. 9
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13th
year 1944 hour 5 minute A. M.21. I hereby certify that I attended the deceased from Jan. 1-44
to Apr. 13, 44
that I last saw her on Apr. 1-44
and that death occurred on the date and hour stated above.

Immediate cause of death.

acute myocarditis
from
myocarditis
 Due to.....
arteriosclerosis
 Due to.....
 Other conditions:
 (include pregnancy within 3 months of death)
None

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.....

(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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature R. D. Rigler (M. D. or other) 0Address 415 8 Newstead Date signed 4/14/44

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.....

John Agonovski

Licensed Embalmer No.....

3398

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.