

No. 2
-2-43
-17-39
X35597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15879 /

State File No. _____

Registration District No. 3

Primary Registration District No. 6076

Registrar's No. 932

1. PLACE OF DEATH:

(a) County St. Louis
Manchester, Mo.

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

(c) Name of hospital or institution:
Manchester Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Manchester, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. Manchester Nursing Home
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Katherine Wunderlich

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased March 27 1872
(Month) (Day) (Year)

8. AGE: Years 72 Months 0 Days 20
If less than one day _____ hr. _____ min.

9. Birthplace St. Genevieve Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

12. Name John Schaeffer

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

14. Maiden name Magdalena Steck
Unknown Germany
(City, town, or county) (State or foreign country)

15. Birthplace Mrs. W. H. Graeser
(City, town, or county) (State or foreign country)

16. (a) Informant Bonne Terre, Mo.

17. (a) Burial (b) Date thereof April 19, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old S S Peter & Paul Cem.

18. (a) Signature of funeral director Theodor Helderle
3634 Gravois

(b) Address _____

19. (a) APR 19 1944 (b) E. G. McHannon, MD
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1944 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 1
1943, to April 12, 1944.
that I last saw her alive on April 16, 1944.
and that death occurred on the date and hour stated above.

Immediate cause of death St. Hemiplegia and Hypertension

Due to _____

Due to _____

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:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

Where did injury occur? _____
(City or town) (County) (State)

(c) 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 A. L. Merkle, M.D. (M. D. or other)
Address 3507 Poloma Date signed 4-18-44

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

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.....

Frank J. Paul

Licensed Embalmer No. *2675*

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.