V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22769

FILED JUL 20 1945

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 5987

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 7426 Wellington
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GEORGE T. WUCHTER JR
3. (b) If veteran, name war No
3. (c) Social Security No. 494-22-9662
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 5 (Month) 23 (Day) 1924 (Year)
8. AGE: Years 21 Months 1 Days 15 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Lab. Technician
11. Industry or business Standard Steel Springs Co. Madison, Ill.
FATHER 12. Name George T. Wuchter
13. Birthplace Wadsworth (City, town, or county) Ohio (State or foreign country)
MOTHER 14. Maiden name Epsie K. Tate
15. Birthplace Montgomery City (City, town, or county) Missouri (State or foreign country)
16. (a) Informant George T. Wuchter
(b) Address 7426 Wellington Ave. Univ. City, Mo.
17. (a) Entombment (Burial, cremation, or removal) (b) Date thereof 7 (Month) 11 (Day) 1945 (Year)
(c) Place: burial or cremation Oak Grove
18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Boulevard
19. (a) JUL 10 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8 year 1945 hour 4 minute P. 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 Cerebral Hemorrhage of brain who happen lately a motor being driven by Sgt. Frank J. Mendez while riding his bicycle at the intersection of Thurston and Delgado Avenues around 9:50 P.M. July 4, 1945

Due to

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) Accident
(b) Date of occurrence July 4 1945 (c) Where did injury occur? Some in (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Street (Specify type of place)
While at work (e) Means of injury as above
23. Signature (M. D. or other)
Address Date signed 7/10/45

(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 Thomas R. Kenrick

Licensed Embalmer No. 3793

P. O. Address 6175 Delmar, St Louis 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.