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. 32527

FILED OCT 19 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8723

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: Mo. Pac. Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town 6
(If outside city or town limits, write "RURAL")

(d) Street No. # 6 Hartnett Ave Ferguson Mo 2
(If rural, give location) NR 1

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

If yes, name country

3. (a) PRINT FULL NAME WILLIAM HARRISON WONDER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 23 (Day) 1856 (Year)

8. AGE: Years 89 Months 1 Days 15 If less than one day hr. min.

9. Birthplace Peoria Illinois (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Engineer

11. Industry or business Retired

MOTHER FATHER

12. Name Henry Wonder

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

MOTHER

14. Maiden name Matilda (Unknown

15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Mr W. L. Wonder Son

(b) Address # 6 Hartnett Ave Ferguson Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 11 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Peetz Bros.

(b) Address 3029 Lafayette

19. (a) OCT 9 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8 year 1945 hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from 10-7-45 to 10-8-45, 19; that I last saw him alive on 10-8-45, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Broncho-pneumonia

Due to

Due to

Other conditions Senility
(Include pregnancy within 3 months of death)
Generalized arteriosclerosis

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. H. Johnson (M. D. or other) M.D.

Address 175-5 Geo. Grand Date signed 10-8-45

(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 Frank L. Dunne

Licensed Embalmer No. 7245

P. O. Address 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.