No. 2
—5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4845

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 63

1. PLACE OF DEATH:

(a) County CAPE GIRARDEAU

(b) City or town CAPE GIRARDEAU (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. FRANCIS HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 MIN. (Specify whether years, months or days)

In this community 52 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County CAPE GIR 16

(c) City or town CAPE GIRARDEAU 1 (If outside city or town limits, write "RURAL")

(d) Street No. 37 No HENDERSON AVE 4 (If rural, give location) 0

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

If yes, name country ✓

3. (a) PRINT FULL NAME FRANK WULFERS

3. (b) If veteran, name war NO

3. (c) Social Security No. None

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MARY

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

7. Birth date of deceased AUG (Month) - 6 (Day) - 1883 (Year)

8. AGE: Years 62 Months 6 Days 9 If less than one day hr. min.

9. Birthplace JACKSON (City, town, or county) MO. 0 (State or foreign country)

10. Usual occupation MERCHANT

11. Industry or business MEAT AND GROCERIES

FATHER
12. Name CHARLES H WULFERS
13. Birthplace GERMANY 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ELIZABETH MIEDERHOFF
15. Birthplace OAK RIDGE, MO 1 (City, town, or county) (State or foreign country)

16. (a) Informant CHARLES WULFERS

(b) Address CAPE GIRARDEAU MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-18-46 (Month) (Day) (Year)

(c) Place: burial or cremation ST. MARYS CEM

18. (a) Signature of funeral director Walthers Und. Co

(b) Address Cape Girardeau Mo

19. (a) 2-15-1946 (Date received local registrar) (b) C.C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 15 year 46 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from 12-20 1945 to 2-15 1946 that I last saw him alive on 2-15 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Cardiac DIS

Due to

Due to

Other conditions Hypertension (Include pregnancy within 3 months of death)

Major findings:
Of operations 2
Of autopsy 950

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 A. Butler (M. D. or other) MD

Address Cape Girardeau Mo Date signed 2/16/46

4-4 (Licensed Embalmer's Statement on Reverse Side)

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

3867

RECEIVED

District Health Officer No. 4

File Number 346-1792

3-6-46

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 Virgil H. Welch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau - M

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.