

FILED APR 24 1946
318

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. 3577

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 Infirmary 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME WUENSCHÉ, ALVIN

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hattie Spedy Wuensché 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July - 30th - 1873
(Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 17 If less than one day hr. _____ min. 28

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Photographer - developer

11. Industry or business _____

12. Name unknown

13. Birthplace _____ 9
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ 9
(City, town, or county) (State or foreign country)

16. (a) Informant City Infirmary records, 1

(b) Address 5800 Arsenal Street

17. (a) Cremation (b) Date thereof 4-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) APR 18 1946 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 171
(If outside city or town limits, write "RURAL")
(d) Street No. 4056 Castleman Avenue
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17th,
year 1946, hour 4: minute 45 A.M.

21. I hereby certify that I attended the deceased from July 2nd,
1946, to April 16th, 1946
that I last saw him alive on April 16th, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral arterio
vascular accident 3 yrs
2nd or 3rd cerebral vascular accident 3 wks
Due to Hypertensive cardio vascular
disease - 3 years

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 _____
(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 Palmer Pruden Bowditch (M. D. or N.D.)
Address City Infirmary Date signed 4-17-46

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 Warren A. Carver
Licensed Embalmer No. 3534

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.