

S. No. 2
OM-5-43
EV. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29235**
Registrar's No. **7396**

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **4501 Gravois**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Firmin Desloge Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **13 Days**
(Specify whether years, months or days)

In this community.....

3. (a) PRINT FULL NAME **Lillian Wunderlich**

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex F	5. Color or race W	6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William	6. (c) Age of husband or wife if alive 59 years	
7. Birth date of deceased Feb 19 1888 <small>(Month) (Day) (Year)</small>		

8. AGE:	Years	Months	Days	If less than one day
	58	6	5	hr. min.

9. Birthplace **California Oakland**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business.....

12. Name **John Meyer**

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

14. Maiden name **Ida Langenberger**

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

16. (a) Informant **Wm Wunderlich**

(b) Address **4501 Gravois**

17. (a) **burial** (Burial, cremation, or removal)

(b) Date thereof **8/27/46**
(Month) (Day) (Year)

(c) Place: burial or cremation **Old s. s. Peter & Paul**

18. (a) Signature of funeral director **Wm Schirmer**

(b) Address **3013 Meramec st.**

19. (a) **AUG 26 1946** (Date received local registrar)

J. J. Brueck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **001**

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **4501 Gravois**
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **24**
year **1946** hour **10** minute **12 A** M.

21. I hereby certify that I attended the deceased from **Aug 2**
1946 to **Aug 24 1946**
that I last saw her alive on **Aug 24 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Cerebral hemorrhage**

Due to **Hypertension**

Due to.....

Other conditions **Arteriosclerosis**
(Include pregnancy within 3 months of death)

Major findings: **Cerebral**
Of operation **operated Jan 1946**
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?
(Specify type of place)

While at work?..... (Specify type of place)
Means of injury.....

23. Signature **B. J. Mc Innis** (M. D. or other)
Address **2600 S. J. and** Date signed **8/24/46**

2602 S. GRAND AVE
SI = 3404

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 Francis Williamson

Licensed Embalmer No. 3565

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.