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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 12 1946
Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38162**
Registrar's No. **3241**

Primary Registration District No. 3069

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1431 Barger Place
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")
(d) Street No. 1431 Barger Place
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Frederic William Wulfmeyer
3. (b) If veteran, name war. No. No.
3. (c) Social Security No. No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 1
year 1946 hour 8 minute P. M.
21. I hereby certify that I attended the deceased from June 1946
....., 19....., to 11/1/46, 19.....;
that I last saw h. im alive on 10/30/46, 19.....;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married/
divorced Married
6. (b) Name of husband or wife Ada Scott Wulfmeyer
6. (c) Age of husband or wife if
alive 43 years
7. Birth date of deceased June 7, 1903
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis
Duration -

8. AGE: Years 43 Months 4 Days 24
If less than one day
hr. min.

Due to 940
Due to

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Asst. Treasurer

Other conditions (Include pregnancy within 5 months of death)

MOTHER FATHER

11. Industry or business Southwestern Bell Telephone Co.
12. Name George H. Wulfmeyer
13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Cecelia Braum
15. Birthplace Cincinnati, Ohio.
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.
Major findings:
Of operations
Of autopsy No autopsy

16. (a) Informant Ada Scott Wulfmeyer
(b) Address 1431 Barger Place
17. (a) Burial (b) Date thereof 11/1/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

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?

18. (a) Signature of funeral director Robt. J. Ambruster, Inc.
(b) Address Clayton Rd. at Concordia Lane
19. (a) 11-7-46 (b) R. J. Ambruster
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury C
23. Signature R. J. Ambruster (M. D. or D.O.)
Address Metropolitan Bldg. Date signed 11/2/46

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 *Arnold W. Schoene*.....

Licensed Embalmer No. *3864*.....

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.