

Wulf
FILED MAR 6 7 1947

State File No. _____

Registration District No. _____

Primary Registration District No. 3016

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Bole
(b) City or town Jefferson City, Mo.
(c) Name of hospital or institution: St. Marys Hospice
(d) Length of stay: In hospital or institution 10 days
In this community 10 days

3. (a) PRINT FULL NAME

Felix Phillip Wulf

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

4. Sex Male 5. Color or race White
6. (a) Name of husband or wife Rose Brunner
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased April 29 1910

8. AGE: Years 36 Months 9 Days 26
If less than one day hr. _____ min. _____

9. Birthplace Argyle Mo.

10. Usual occupation Postmaster

11. Industry or business
12. Name Joe. F. Wulf
13. Birthplace Koeltztown Mo.
14. Maiden name Brunner
15. Birthplace Koeltztown Mo.

16. (a) Informant Joe. F. Wulf
(b) Address Koeltztown Mo.
17. (a) Burial (b) Date thereof 2-28-47
(c) Place: burial or cremation Argyle

18. (a) Signature of funeral director Cliff Martin
(b) Address Sum, Mo.
19. (a) 2-25-47 (b) R.P. Harris
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Argyle
(c) City or town Argyle
(d) Street No. _____
(e) Citizen of foreign country? _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 25 day Feb
year 1947 hour 7 minute PM
21. I hereby certify that I attended the deceased from Feb 14 1947 to 2-28-47
that I last saw him alive on 2-25-47 and that death occurred on the date and hour stated above.

Immediate cause of death to my knowledge 11 day

Due to Pulmonary embolism

Due to 4 yr. Ruptured

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

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? _____
(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 M.R. Reddy (M. D. or other)
Address Jefferson City Mo. Date signed 2/27/47

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

Morton

RECEIVED
District Health Officer No. 9,
District File Number
MAR 3 1947
Date Filed
PR 16 1947

AUG 27 1953

MAR 14 1947

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..... *Vernon M. Morton*
Licensed Embalmer No..... *4125*
P. O. Address..... *Lynn 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.