

FILED NOV 3 1947

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9722**

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: **St. John's Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **3 weeks**
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **000**

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

(d) Street..... **1544 Veronica ave**
(If rural, give location)

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

If yes, name country.....

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

3. (b) If veteran, name war..... **no**

3. (c) Social Security No.

4. Sex..... **male** 5. Color or race..... **white**

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

6. (b) Name of husband or wife..... **Minnie Wunderlich**

6. (c) Age of husband or wife if alive..... **65** years

7. Birth date of deceased..... **February 13 1878**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69 **8** **5** hr. min.

9. Birthplace..... **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **President**

11. Industry or business..... **Wunderlich Cooperage co**

12. Name..... **Charles Wunderlich**

13. Birthplace..... **not known**
(City, town, or county) (State or foreign country)

14. Maiden name..... **not known**

15. Birthplace..... **not known**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs. Minnie Wunderlich**

(b) Address..... **1544 Veronica ave**

17. (a) **burial** (b) Date thereof..... **Oct 21-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Oak Grove Mausoleum**

18. (a) Signature of funeral director..... **O. R. Co.**

(b) Address..... **2707 N. Grand Bly'd**

19. **OCT 20 1947** (Date received local Registrar) (b) **J. F. [Signature]** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **18** year **1947** hour **8** minute **30** p. M.

21. I hereby certify that I attended the deceased from **May 1 1947** to **Oct 18 1947** that I last saw him alive on **Oct 18 1947** and that death occurred on the date and hour stated above.

Immediate cause of death: **congestive Heart Failure**

Due to **arterio sclerosis, generalised**

Due to **Chronic interstitial Nephritis secondary to #1.**

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations..... Of autopsies.....

Duration

PHYSICIAN

Underline the cause of 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..... **W. C. Mason** (M. D. or other) **M.D.**

Address..... **634 N. Grand** Date signed..... **10/20/47**

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

MOTHER PARTIES

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 Ronald O Yahrke
Licensed Embalmer No. 3917
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.