U. S. No. 300
50M—10-47
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 7 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 10860

Registrar's No. 2951

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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 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Pine Lawn
(If outside city or town limits, write "RURAL")

(d) Street No. 3814 Manola Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Carol Adele Wulkopf

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Famale

5. Color or race White

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

6. (b) Name of husband or wife - - - - - - - - -

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

7. Birth date of deceased February 19, 1941 (Month) (Day) (Year)

8. AGE: Years 7 Months 1 Days 6 If less than one day hr. min.

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

10. Usual occupation Student

11. Industry or business

FATHER
12. Name Robert F. Wulkopf
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary h. Murawaki
15. Birthplace Collinsville (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Robert F. Wulkopf

(b) Address 3841 Manola Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 27, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Shepard Funeral Home

(b) Address 1167 Hamilton Avenue.

19. (a) MAR 26 1948 (Date received local registrar) J. F. Brucker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25, 1948 year hour 3:45 minute A M.

21. I hereby certify that I attended the deceased from Burna- 3-25-48, 19, to , 19;
that I last saw her alive on 3-26-48, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia 8 mos

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Exploratory Laparotomy 2-2-47 for cancer

Of autopsy

Duration

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? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address 1415 DD Olive St. Date signed 3-26-48

(Licensed Embalmer's Statement on Reverse Side)

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 Henry W. Bramner

Licensed Embalmer No. 4200

P. O. Address St. Louis

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.