

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3647

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6676 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson Barracks, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>12 days</u>		d. STREET ADDRESS (If rural, give location) <u>4875 Natural Bridge</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Veterans Administration Hosp.</u>		9. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 4 1949</u>	
3. NAME OF DECEASED (Type or Print) <u>Harry</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 4 1949</u>	
a. (First)	b. (Middle)	c. (Last)	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 23, 1888</u>	
9. AGE (In years last birthday) <u>60</u>		if UNDER 1 YEAR	if UNDER 2 HRS.
		Months <u>7</u>	Days <u>11</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Saloon Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Wunderlich</u>		13b. MOTHER'S MAIDEN NAME <u>Charlotte (Unk)</u>	
14. NAME OF HUSBAND OR WIFE <u>Mathilda</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World I</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Eugene F. Nolan, Registrar VA Hosp. Bks. Mo. Jeff.</u>		ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION <u>BRONCHOGENIC CARCINOMA, MASSIVE INVOLVING ENTIRE LEFT LOWER LOBE</u> 47c	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Heart Disease, Arteriosclerotic Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>100%</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>12/23/1948</u> , to <u>1/4/1949</u> , that I last saw the deceased alive on <u>1/4/1949</u> , and that death occurred at <u>5:45 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>L.E. Stilwell</u> (Degree or title) <u>Chief Prof. Services</u>		23b. ADDRESS <u>VA Hospital Jefferson Barracks, Mo.</u>	
23c. DATE SIGNED <u>1/5/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 8, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Friedens Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis county Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-6-49</u>		REGISTRAR'S SIGNATURE <u>Harold V. ...</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Math Hermann & Son</u>		ADDRESS <u>2161 E. Fair, St. Louis Mo.</u>	

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

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Walter E. Burnsley

Licensed Embalmer No. *4295*

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.