.S. No. 300
EV. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 9 1949

State File No. 21899

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5665

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis 0
c. LENGTH OF STAY (In this place) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lutheran Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY none
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis 17 9
d. STREET ADDRESS (If rural, give location) 6412 January 0

3. NAME OF DECEASED (Type or Print)
a. (First) Bertha
b. (Middle)
c. (Last) Wulf

4. DATE OF DEATH (Month) (Day) (Year) June 27, 1949

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Dec 21, 1877
9. AGE (In years last birthday) 71 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) St Louis, Mo. 0
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME August Paul
13b. MOTHER'S MAIDEN NAME Sontag
14. NAME OF HUSBAND OR WIFE William Wulf

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME William Wulf **ADDRESS** 6412 January

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Rupture of heart wall — INTERVAL BETWEEN ONSET AND DEATH: 2-3 minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary infarction, Recent — 24 hours?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Old coronary infarct; Diabetes mellitus — ?; 15 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

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) OH Ac
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? H201

22. *I hereby certify that I attended the deceased from* July, 1939, *to* June 27, 1949, *that I last saw the deceased alive on* June 26 1949, *and that death occurred at* 10:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE Burchard S. Pruett (Degree or title) MD
23b. ADDRESS 6006 Virginia Ave.
23c. DATE SIGNED 6-29-49

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 6/30/49
24c. NAME OF CEMETERY OR CREMATORY New Picker Cemetery
24d. LOCATION (City, town, or county) (State) St Louis, Mo.

DATE REC'D BY LOCAL REG. JUN 30 1949
REGISTRAR'S SIGNATURE J B Lorator
25. FUNERAL DIRECTOR'S SIGNATURE J L Ziegenhein & Sons **ADDRESS** 7027 Gravois

(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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.