

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35855

FILED OCT 19 1949

State File No. _____
Registrar's No. 4141

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BALLWIN Mo 4		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
c. LENGTH OF STAY (In this place) 1 MONTH		d. STREET ADDRESS (If rural, give location) 2651 SHENANDOAH	
d. FULL NAME OF HOSPITAL OR INSTITUTION PINE CREST NURSING HOME			

3. NAME OF DECEASED (Type or Print) a. (First) JULIA b. (Middle) - c. (Last) BEGELSBACHER			4. DATE OF DEATH (Month) (Day) (Year) OCT. 12 1949		
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5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW 2		8. DATE OF BIRTH Nov. 17 1872		9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months 10 Days 25		IF UNDER 24 HRS. Hours 1 Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIDOW		10b. KIND OF BUSINESS OR INDUSTRY AT Home		11. BIRTHPLACE (State or foreign country) ST. LOUIS MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME CHRISTIAN WUNSCH		13b. MOTHER'S MAIDEN NAME MARY BURGHARD		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS FRED BEGELSBACHER 2651 SHENANDOAH	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES DUE TO (b) Senility					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus				33 1/2	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from **Sept 17, 1949**, to **Oct 12, 1949**, that I last saw the deceased alive on **Oct. 10, 1949**, and that death occurred at **8:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE A. J. Merklein M.D. (Degree or title)		23b. ADDRESS 3707 Poloma		23c. DATE SIGNED 10-13-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE OCT. 15 1949		24c. NAME OF CEMETERY OR CREMATORY S. S. PETER & PAUL		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.	
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OCT 13 1949		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kuti 2906 Garwood	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

12th & 2nd St. S.M.
St. Louis, Mo.
5-1-80 P.M.
1863

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 Leo J. Budde

Licensed Embalmer No. 3989

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.