

FILED APR 10 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11181

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 6076	Registrar's No. 826
1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) Normandy		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2079		
d. FULL NAME OF HOSPITAL OR INSTITUTION O'Sullivan Nursing Home		d. STREET ADDRESS (If rural, give location) 1601 Carter Ave.		
3. NAME OF DECEASED (Type or Print) a. (First) Rose		b. (Middle) A.		c. (Last) Wunderle
4. DATE OF DEATH (Month) (Day) (Year) Mar. 29, 1951		5. SEX F.		6. COLOR OR RACE W.
7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) S.		8. DATE OF BIRTH Jan. 23, 1879		9. AGE (In years) (Months) (Days) (If under 1 year last birthday) 72 2 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Charles Wunderle		
13b. MOTHER'S MAIDEN NAME Gertrude Schmidt		14. NAME OF HUSBAND OR WIFE		
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 AND NAME Mrs. Clarence E. Renot, Box 207a, Route # 1
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.1		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Oct. 7, 1940, to Feb. 29, 1951, that I last saw the deceased alive on Feb. 29, 1951, and that death occurred at 4:50 P.M., from the causes and on the date stated above.				
23a. SIGNATURE John J. Lotti (Degree or title) M.D.		23b. ADDRESS 4703 Carter Ave St. Louis		23c. DATE SIGNED 3-30-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 2, 1951		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
24d. LOCATION (City, town, or county) St. Louis, Mo.		24e. LOCATION (State)		
DATE REC'D BY LOCAL REG. 3/30/51		REGISTRAR'S SIGNATURE Robert P. Donohue		UNIVERSAL DIRECTOR'S SIGNATURE ADDRESS Arthur J. Donnelly 3840 Lindell Blvd.

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 H VanMatre*

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.