

FILED DEC 8-1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40333

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3817

1. PLACE OF DEATH a. COUNTY <u>St. Louis 4000 4</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS Lemay 4860</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MILLER NURSING Home</u>		d. STREET ADDRESS (If rural, give location) <u>266 LEMAY FERRY RD</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSE</u>	b. (Middle) <u>-</u>	c. (Last) <u>WUNSCH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 25 1951</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>2 SEPT. 1 1862</u>	9. AGE (In years last birthday) <u>89</u>	10. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>JOHN HEIDEL</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH EIERDANZ</u>	14. NAME OF HUSBAND OR WIFE <u>FRANK WUNSCH (DECEASED)</u>
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS RD <u>MAMIE SOMMERS 266 LEMAY FERRY</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Heart and Kidney Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 Mo.</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 Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>		<u>1 Yr.</u>

19a. DATE OF OPERATION <u>no</u>	19b. MAJOR FINDINGS OF OPERATION <u>no</u>	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) <u>4424</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 Feb. 3, 1951 to Nov. 25, 1951, that I ~~had~~ saw the deceased alive on Nov. 24, 1951, and that death occurred at 10:50 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Print or title) <u>H. A. Matteis M.D.</u>	23b. ADDRESS <u>3608 South Grand Blvd.,</u>	23c. DATE SIGNED <u>11/26/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Nov. 28 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>
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DATE REC'D BY LOCAL REG. <u>11-26-51</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Ruth 2906 Skarris</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

La. 7891
1-5-0 in handwriting

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Leo J. Budde

Signed.....
Student Embalmer

Licensed Embalmer No. *3989*

P. O. Address *2906 Spruce*

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.