

XC-1486635
REG # 101,180
FILED JUN 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18995
REGISTRAR'S No. 1446

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 500		REGISTRAR'S No. 1446	
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY FRANKLIN			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS		c. LENGTH OF STAY (In this place township) 57 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WASHINGTON		0362	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.				d. STREET ADDRESS (If rural, give location) LOW. 6TH STREET			
3. NAME OF DECEASED a. (First) PETER (Type or Print)			b. (Middle) (NMI)		c. (Last) WUNDERLICH		4. DATE OF DEATH (Month) (Day) (Year) JUNE 1 1952
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 2, 1894		9. AGE (In years last birthday) 58 YR.	IF UNDER 1 YEAR Months 2 Days 29	IF UNDER 24 HRS. Hours 12 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTENANCE MAN		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN.		11. BIRTHPLACE (City and State or Foreign Country) NEIER, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOSEPH WUNDERLICH		13b. MOTHER'S MAIDEN NAME CLARA SCMITT		14. NAME OF HUSBAND OR WIFE CATHERINE WUNDERLICH			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES WW-I		16. SOCIAL SECURITY NO. 4492-10-9921		17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF. BRKS 23, MO.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PRIMARY CARCINOMA OF THE LIVER. ANTECEDENT CAUSES DUE TO (b) <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>						INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 155X				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 APRIL 5 1952 , to JUNE 1 1952 and that death occurred at 7:45 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE H. H. ZELLER (Degree or title) M.D.				23b. ADDRESS VAH, JEFF. BRKS, MISSOURI		23c. DATE SIGNED 6-1-52	
24a. BURIAL CREMA TION REMOVAL DATE REMOVAL		24b. DATE June 4, 1952.	24c. NAME OF CEMETERY OR CREMATORY St. Francis Borgia Cemetery,		24d. LOCATION (City, town, or county) (State) Washington, Mo.		
DATE REC'D BY LOCAL REG. 6-3-52		REGISTRAR'S SIGNATURE Herbert R. Domb, MD		FUNERAL DIRECTOR'S SIGNATURE Freiburg & Witt, Inc.		ADDRESS Washington, Mo.	

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 *Jessome F. Suroboda*.....

Licensed Embalmer No. *4507*.....

P. O. Address *Washington*.....

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.