

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41955

State File No. ....

FILED DEC 29 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 184

1. PLACE OF DEATH  
 a. COUNTY Franklin  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington  
 c. LENGTH OF STAY (in this place)  
 d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE Missouri b. COUNTY Franklin  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union R. R. 0360  
 d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED  
 a. (First) Josephine b. (Middle) Wunderlich c. (Last)  
 (Type or Print) Josephine Wunderlich 4. DATE OF DEATH (Month) (Day) (Year) December 20th 1952

5. SEX Female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH September 23rd 1889 9. AGE (In years last birthday) 83 if UNDER 1 YEAR Months 2 Days 27 if UNDER 1 HR. Hours 0 Min. 0

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

13a. FATHER'S NAME Joseph Zehst 13b. MOTHER'S MAIDEN NAME Kathrine Klopemeyer 14. NAME OF HUSBAND OR WIFE Charles Wunderlich

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 Gerard Wunderlich Union Mo

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, asphyxia, etc. It means the disease, injury, or complication which caused death.  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Arteriosclerotic Myocardial Infarction INTERVAL BETWEEN ONSET AND DEATH 2 weeks  
 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.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO  4201

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 12/11, 1952, to 12/20, 1952 that I last saw the deceased alive on 12/20, 1952 and that death occurred at 10:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. W. Osterback M.D. 23b. ADDRESS Union Missouri 23c. DATE SIGNED 12/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 12/23/1952 24c. NAME OF CEMETERY OR CREMATORY St. Joseph 24d. LOCATION (City, town, or county) (State) Union Mo.

DATE REC'D BY LOCAL REG. Dec. 23 1952 REGISTRAR'S SIGNATURE R. P. Schumann 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. F. Ottmann Union Mo.

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

362  
0

DEC 28 1957

**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 E. H. Ottomano

Licensed Embalmer No. 1686

P. O. Address Union 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.