

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44025**

No. 300
10-48

53220 JAN 8 - 1953

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **543** Registrar's No. **2326**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jennings	c. LENGTH OF STAY (In this place) 1 mo	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jennings	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8713 Acacia Dr.,		d. STREET ADDRESS (If rural, give location) 8713 Acacia Dr., 0	

3. NAME OF DECEASED (Type or Print) a. (First) Johanna b. (Middle) Wunnenberg c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Dec 27th, 1952			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 1st, 1870	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days	IF UNDER 1 MTH. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country) Germany 4		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Heilemann		13b. MOTHER'S MAIDEN NAME Karoline Eisenschmid		14. NAME OF HUSBAND OR WIFE William C. Wunnenberg	
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 Clara Wunnenberg, 8713 Acacia	

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* Terminal Stage Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 1 week	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Chronic Arteriosclerosis		DUE TO (c) 10 years	
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 <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) 4500	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Dec 19, 1952 to Dec 27, 1952 , that I last saw the deceased alive on Dec 19, 1952 , and that death occurred at 2 P.M. , from the causes and on the date stated above.					

23a. SIGNATURE (Degree or Title) Herbert R. Donke MD		23b. ADDRESS 4114 W. Florissant		23c. DATE SIGNED 12/27/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 12/30/52		24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery	
		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.			

DATE REC'D BY LOCAL REG. 12-29-52		REGISTRAR'S SIGNATURE Herbert R. Donke MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Diedrich F. Home, 8319 Hallsferry	
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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 Eleon Brounce

Licensed Embalmer No. 3403

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.