

FILED JAN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44266

State File No.

BIRTH NO. <u>49372-54</u>		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>547</u>		Registrar's No. <u>2867</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>			c. LENGTH OF STAY (In this place) <u>4 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2069</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>St. Ann's Home, 5301 Page Blvd.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jerome</u>			b. (Middle) <u>Wulff</u>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 10, 1954</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S.</u>		8. DATE OF BIRTH <u>June 23, 1954</u>	9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>17</u>	IF UNDER 12 Mths. Hours <u>1</u> Mins.	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>nil</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>nil</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sister Mary Frances, 5301 Page Blvd.</u>				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumoenteritis,</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Paralytic Ileus</u> DUE TO (c) <u>Diarrhea, cause not determined</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Eisenmengers Complex</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>2 days</u> <u>5 days</u> <u>Emergency</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Pneumoenteritis -</u>					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) 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 <u>12/6</u> , 1954, to <u>12/10</u> , 1954, that I last saw the deceased alive on <u>12/10</u> , 1954, and that death occurred at <u>3:30</u> p.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Edward R. Terence M.D.</u>				23b. ADDRESS <u>St. Mary's Hospital, Richmond</u>		23c. DATE SIGNED <u>12/18/54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Dec. 11, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>12/13/54</u>		REGISTRAR'S SIGNATURE <u>Edward R. Terence</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>John J. Donnelly</u>		ADDRESS <u>3840 Lindell Blvd.</u>		

(Licensed Embalmers' Placement on Reverse Side)

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 _____

Licensed Embalmer No. 3565469

P. O. Address 3840 Lindell

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.