

FILED AUG 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29365

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6586**

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **MISSOURI** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS** c. LENGTH OF STAY (in this place) _____
c. CITY OR TOWN **ST. LOUIS** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **LUTHERAN HOSPITAL**
e. STREET ADDRESS (If rural, give location) **8721 HALLS FERRY ROAD 2087**

3. NAME OF DECEASED (Type or Print)
a. (First) **MARY** b. (Middle) **ELIZABETH** c. (Last) **WULFERT**
4. DATE OF DEATH (Month) (Day) (Year) **JULY 13 1956**

5. SEX **F** 6. COLOR OR RACE **W** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **SINGLE** 8. DATE OF BIRTH **APRIL 21, 1872** 9. AGE (in years last birthday) **84** IF UNDER 1 YEAR Months **2** Days **22** IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **AT HOME** 10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (City and State or Foreign Country) **ST. LOUIS, MO.** 12. CITIZEN OF WHAT COUNTRY? **U S A**

13a. FATHER'S NAME **FRED WULFERT** 13b. MOTHER'S MAIDEN NAME **CATHERINE HEHMAN** 14. NAME OF HUSBAND OR WIFE **NONE**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) _____ 16. SOCIAL SECURITY NUMBER **6489-10-1055** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Willis E PIEHL 8721 HALLS FERRY RD.**

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) **Fracture, rt hip**
FRACTURE RT HIP
Pneumonia, Bronchial
DUE TO (b) **PNEUMONIA BRONCHIAL**
DUE TO (c) _____
2. ANTECEDENT CAUSE _____
3. OTHER SIGNIFICANT CONDITIONS **Decubitus Ulcer**
DECUBITUS ULCER
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH **6 WKS**
4 WKS

19a. DATE OF OPERATION **6-2-56** 19b. MAJOR FINDINGS OF OPERATION **Subtrochanter fracture femur E904.0** 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE ACCIDENT **ACCIDENT** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **NONE** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **ST LOUIS MO MO**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR **Patient fell**
PATIENT FELL

22. I hereby certify that I attended the deceased from **JUNE 1, 1956**, to **JULY 13, 1956**, that I last saw the deceased alive on **JULY 13, 1956**, and that death occurred at **9A** m, from the causes and on the date stated above **7-14-56**

23a. SIGNATURE **J. Otto Lotter M.D.** 23b. ADDRESS **16 Hampton Village Pl.** 23c. DATE SIGNED **7-14-56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **JULY 16, 1956** 24c. NAME OF CEMETERY OR CREMATORY **NEW PICKER CEMETERY** 24d. LOCATION (City, town, or county) (State) **7133 GRAVOIS AVE. ST. LOUIS, MO.**

DATE REC'D BY LOCAL REG. **JUL 14 1956** REGISTRAR'S SIGNATURE **J. Carl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **BEIDERWIEDEN F.H. INC. 1936 ST. LOUIS AVE**

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 _____
Signature of Student Embalmer

Signed _____
Licensed Embalmer No. 452
P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.