

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39947**  
Registrar's No. **9383**

FILED NOV 26 1956

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <b>Missouri.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis Missouri.</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Ladue</b> <b>4431</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Lukes Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>10 Ridgewood Road</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>FRED</b>	b. (Middle) <b>H</b>	c. (Last) <b>WULFING</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 14, 1956</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Jan 10, 1896</b>
9. AGE (In years last birthday) <b>60</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Investment Broker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Goldman-Sacks Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Charles Wulfing.</b>	
13b. MOTHER'S MAIDEN NAME <b>Helene unk</b>		14. NAME OF HUSBAND OR WIFE <b>Betty Wells Wulfing</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>ww 1 yes</b> (If yes, give war or dates of service) <b>ww1</b>		16. SOCIAL SECURITY NO. <b>ww1</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Charles Wulfing</b>		ADDRESS <b>10 Ridgewood Rd.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Sept 30, 1954</b>	
*This does not mean the mode of dying, such as heart failure, athenia, etc. It means the disease, injury, or complication which caused death.		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 <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) (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 <b>May 1, 1954</b> , to <b>Oct 14, 1956</b> , that I last saw the deceased alive on <b>Oct 14, 1956</b> , and that death occurred at <b>12<sup>30</sup> a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Wendy Becke</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>3720 Worthington</b>	
23c. DATE SIGNED <b>10-15-56</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>cremation</b>	
24b. DATE <b>10-16-1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Crematory</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County Missouri.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C.R. Lupton and Sons</b>	
DATE REC'D BY LOCAL REG. <b>OCT 15 1956</b>		ADDRESS <b>7233 Delmar Bl'vd.</b>	

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

92-3-2448  
1957 5-1-100

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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 *Clarence H. Murray* .....

Licensed Embalmer No. *4011* .....

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