

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 25 1957

State File No. **6780**
1134

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

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **MO** b. COUNTY _____

b. CITY OR TOWN **ST. LOUIS MO** c. CITY OR TOWN **ST. LOUIS**
d. In Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **MO. PACIFIC HOOR** e. STREET ADDRESS (If rural, give location) **2269 3327 N. 19th ST.**

3. NAME OF DECEASED (Type or Print) a. (First) **HENRY** b. (Middle) **F.** c. (Last) **WUNDERLICH** 4. DATE OF DEATH (Month) (Day) (Year) **FEB. 3. 1957**

5. SEX **M.** 6. COLOR OR RACE **W.** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **WIDOWED** 8. DATE OF BIRTH **NOV. 4. 1866** 9. AGE (In years last birthday) **90** If UNDER 1 YEAR: Months _____ Days _____ If UNDER 1 HRS. Hours _____ Min. _____

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

13a. FATHER'S NAME **UNK. WUNDERLICH** 13b. MOTHER'S MAIDEN NAME **UNKNOWN** 14. NAME OF HUSBAND OR WIFE **ANNA WUNDERLICH**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. **UNKNOWN** 17. INFORMANT'S SIGNATURE OR NAME **O. J. WUNDERLICH** ADDRESS **1923 BRANCH ST**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Generalized Debility**
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES **old AGE**
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 **Arteriosclerotic Heart Dis.**
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **420.0** 20. AUTOPSY? YES NO

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

22. I hereby certify that I attended the deceased from **JAN-10, 1957**, to **Feb 3, 1957** that I last saw the deceased alive on **Feb. 2, 1957**, and that death occurred at **12:55 A.M.**, from the causes and on the date stated above.

22a. SIGNATURE **Walter J. Kutzner M.D.** (Degree or title) 22b. ADDRESS **6000 W. Plummer** 22c. DATE SIGNED **2/4/57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **FEB. 6, 1957** 24c. NAME OF CEMETERY OR CREMATORY **CALVARY CEM.** 24d. LOCATION (City, town, or county) (State) **ST. LOUIS, MO**

DATE REC'D BY LOCAL REG. **FEB 4 '57** REGISTRAR'S SIGNATURE **J. C. ...** 25. FUNERAL DIRECTOR'S SIGNATURE **...** ADDRESS **3924 N. 10 ST**

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

No. 300
10-48

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 *Gustav W. Dietrich*.....

Licensed Embalmer No. *432*.....

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.