

FILED AUG 30 1957

STATE FILE NUMBER 7075

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7075

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Crestwood	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital		Length of stay in 1b 20 days	
3. NAME OF DECEASED (Type or print) Albert H. Wuellner		4. DATE OF DEATH 7-28-57	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH 10-24-07
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator		10b. KIND OF BUSINESS OR INDUSTRY Filling Station	11. BIRTHPLACE (City and state or country) Mt. Vernon, Mo.
13. FATHER'S NAME Fred Wuellner		14. MOTHER'S MAIDEN NAME Sabina Kolbe	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 495309270	17. INFORMANT VA HOSPITAL RECORDS, ST. LOUIS, MO.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute bronchopneumonia			INTERVAL BETWEEN ONSET AND DEATH Unk.
DUE TO (b) Monocytic leukemia			Unk.
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. Attended the deceased from 7-8-57 to 7-28-57 and last saw him alive on 7-28-57		Death occurred at 4:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS M.D. VAH, ST. LOUIS, MO.	22c. DATE SIGNED 7-28-57
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Removal	23b. DATE 7/31/57	23c. NAME OF CEMETERY OR CREMATORY J. T. KAMINSKAS M. O.	23d. LOCATION (City, town, or county) (State) Sappington, Mo.
24. FUNERAL DIRECTOR Louis H. Popp Inc		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Kenneth J. Myland Jr*
Licensed Embalmer No. *4*

P. O. Address *Wichita*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING, 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.