

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**JUN 12 1937**

18620

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City St. Louis (No. 5223, Nottingham) St. .... Ward)

File No. ....  
 Registered No. **5196**

**2. FULL NAME**

Emil Wunder  
 (a) Residence, No. 5223 Nottingham St., 14 Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hattie Wunder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 24 1873

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>65</u>	<u>63</u>	<u>5</u>	<u>28</u>	<u>29</u>

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Piano Tuner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bd of Education

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

FATHER 13. NAME Henry Wunder

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Hattie Wunder

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE 5-26 1937

19. UNDERTAKER (ADDRESS) With Bros. L & Co. 2924 A Jefferson Ave.

20. FILER WV 25 1024 J. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

no physician attended  
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy  
arteriosclerosis

Other contributory causes of importance: 87

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify (Signed) W. J. Baker, M. D.  
 (Address) owner

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