

SEP 25 1937

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

31739

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis(b) Township St. Louis(c) City Webster GrovesRegistration District No. 788Primary Registration District No. 4471Registered No. 90(d) Street No. Bethesda-Dilworth Memorial Home St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 49 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

ELEONORA M. WULFEMEYER,(a) Residence, No. 2027 Obear Avenue St.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 5, 1887

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day,hrs.
ormin.

49

11

26

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.At Home9. Industry or business in which work
was done, as saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year).....11. Total time (years)
spent in this
occupation. None12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)St. LouisMo

FATHER

13. NAME

Herman H. Wulfemeyer14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)St. LouisMo

MOTHER

15. MAIDEN NAME

Mary Staats16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)St. LouisMo17. INFORMANT
(ADDRESS)George H. Wulfemeyer
2027 Obear Ave

18. BURIAL, CREMATION, OR REINTERMENT

PLACE

St. Peters

DATE

Sept 3, 193719. FUNERAL DIRECTOR
(ADDRESS)Math. Hermann & Son
2161 East Fair Avenue

20. FILED

9-2-37Jules R. Wore
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 31, 193722. HEREBY CERTIFY, That I attended deceased from
July 6th 1937, to Aug 31st, 1937I last saw her alive on Aug 30th, 1937. Death is said
to have occurred on the date stated above, at 6:45 p. III.

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

Date of onset

Arthritis Deformans 764-
In Myocarditis 154-

Other contributory causes of importance:

Coronary Thrombosis 8-31-37Name of operation None Date of 7/6What test confirmed diagnosis? Clinical 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. H. Baugh

M. D.

(Address) 16 No. Lane Ave

STATEMENT BY LICENSED EMBALMER

I, Lemuel Kempton, Licensed Embalmer No. 2967

hereby certify that the body recorded on the reverse side of this certificate was embalmed by MP

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Lemuel Kempton

Licensed Embalmer No. 2967

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

31739-
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No.
 (b) Township Primary Registration District No. Registered No.
 (c) City Webster Groves Street No. Bethesda Meml Hosp
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. d.

2. PRINT FULL NAME

Eleonora M. Kulfmeyer
 (a) Residence, No. 2027 D Bear St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 11 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 11 26

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

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 31 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to Aug 31 19

I last saw him alive on 19 Death is

to have occurred on the date stated above, at

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

(Contributory Cause)
Hypertrophic Arteriosclerosis
Arteriosclerosis
Involved for years
Chronic Myocarditis

Other contributory causes of importance:

(Immediate Cause)
Coronary Thrombosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) C. D. DeGruny, M.

(Address) 16 N. Main Ave.

MARGIN RED INK--THIS IS A PERMANENT RECORD

WRITE PL

1 X12004

PHYSICIANS should state by report
 PHYSICIANS should be careful to state exact date of OCCUPATION is very important
 N.B.--Every of information, with UNFADING INK, should be carefully supplied. AGE should be stated in full. OCCUPATION is very important.
 Cause of death should be stated in plain terms, so that it may be properly classified.
 REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LA.

SUPPLEMENT

S-31739