

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

16387
Do not use this space.

4248

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1003
 (b) Township _____ Primary Registration District No. _____ Registered No. _____
 (c) City St. Louis, Missouri (d) Street No. 3121 Maury Street 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 yrs. 1 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Wunsch

(a) Residence, No. _____ St. NR Portage Des Sioux Missouri.
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 10 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) 1925 11. Total time (years) spent in this occupation 50 yrs.

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

FATHER 13. NAME William Wunsch
 14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Sophie Falk
 16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Germany

17. INFORMANT May A. Bicker
 (ADDRESS) 3121 Maury Street.

18. BURIAL, CREMATION, OR REMOVAL PLACE Portage Des Sioux Mo DATE May 10, 1938

19. FUNERAL DIRECTOR (NAME) Albert H. Hoppe Inc.
 (ADDRESS) 429 N. Euclid Ave.

20. FILED MAY - 9 1938 J. T. Bredeck
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr. 15, 1938, to May 6, 1938
 I last saw him alive on May 6, 1938 Death is said to have occurred on the date stated above, at 8 A. M.

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

Chronic Myocarditis with general atherosclerosis. Date of onset _____

Other contributory causes of importance: None

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? No

If so, specify _____

(Signed) A. J. Hanks, M. D.(Address) 2206 Howard St.

22nd / 16th / 1922

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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

Registered Apprentice No., working under my personal supervision.

Signed... *Albert S. Hoff*

Licensed Embalmer No. *2971*

P. O. Address

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 this body is not embalmed, above space should be left blank.