DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 8 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44751

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2193

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Rural St Ferdinand Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3644 Brown Road 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 55 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County St. Louis

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 3644 Brown Road
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME 556 Susan H. Wunderlich

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George Wunderlich 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Nov. (Month) 25th. (Day) 1884 (Year)

8. AGE: Years 55 Months 0 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife 0

11. Industry or business _____

FATHER
12. Name Casimer Bechtler 0
13. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Susan Nestle
15. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature George Wunderlich
(b) Address 3644 Brown Road.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-39 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Provost Und Co.
(b) Address 3710 N. Grand Blvd.

19. (a) DEC 13 1939 (Date received local registrar) (b) R R Meyer M D Jr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12th.
year 1939 hour 12.50 minute P. M.

21. I hereby certify that I attended the deceased from Dec 11, 1939, to Dec 12, 1939; that I last saw her alive on Dec 12, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	24 hrs
Due to	
Due to	
Other conditions: Hypertension (Include pregnancy within 3 months of death)	?

94b

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature E Lee Shrader (M. D. or other)
Address 3720 Washington Date signed 12/13/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SOM-5-17-39 Rev. 5-17-39 I X19511

E Lee Shrader
J. S100
3720 Washington
1-3 today

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 Me, Registered Apprentice No. , working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Blvd.

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.