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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20478

Registration District No. 7/91 Primary Registration District No. 1003 Registrar's No. 5426

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St Louis 15
(If outside city or town limits, write "RURAL")

(d) Street No. 4336 Staska
(If rural, give location)

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

3. (a) PRINT FULL NAME Louise Wondracek 536

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased January 28 1881
(Month) (Day) (Year)

8. AGE: Years 59 Months 4 Days 25 If less than one day hr. min.

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

10. Usual occupation Housewife 6

11. Industry or business

FATHER
12. Name Fred Peters 6
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Barbara Rittle
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant John A. Wondracek
(b) Address 4336 Staska

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-26-40 (Month) (Day) (Year)
(c) Place: burial or cremation Nord St Marcus Cem

18. (a) Signature of funeral director Oscar J. Hoffmeister
(b) Address 4016 Chippewa

19. (a) JUN 24 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23.
year 1940 hour 6:55 minute A. M.

21. I hereby certify that I attended the deceased from June 20, 1940 to June 23, 1940
that I last saw her alive on June 23, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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 H. Howlett Co. (M. D. or other)
Address 1515 Lafayette, Date signed 6/24/40

(Licensed Embalmer's Statement on Reverse Side)

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 Ernest W. Spillers

Licensed Embalmer No. 4080

P. O. Address 3747 Dunnica

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.