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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1942

Registration District No. 784

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12142

Primary Registration District No. 116

Registrar's No. 763

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Valley Park
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
38 River Dr.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 3 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis 56

(c) City or town Valley Park, 0
(If outside city or town limits, write "RURAL")

(d) Street No. 38 River Drive. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Rowena M. Wuelker

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Francis S. Wuekler

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Sept (Month) 18 (Day) 1912 (Year)

8. AGE:

Years	Months	Days	If less than one day
29	6	16	hr. min.

9. Birthplace Bowleggs (City, town, or county) Okla (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

FATHER
12. Name Hiram Czarnecrow
13. Birthplace (City, town, or county) Okla (State or foreign country)

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

16. (a) Informant Francis S. Wuelker
(b) Address Ambassador Bldg.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-6-42 (Month) (Day) (Year)
(c) Place: burial or cremation Hiram Cem.

18. (a) Signature of funeral director Louis H. Bopp Inc.
(b) Address Kirkwood, Mo.

19. (a) APR 4 1942 (Date received local registrar) (b) C. S. McGarran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
year 1942 hour ..... minute 4 P M.

21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...;
that I last saw h..... alive on ..... 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Burned to death when her home was destroyed by fire.	
Due to Completely charred.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

180-1
15

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) Accidental 09
(b) Date of occurrence April 3, 1942
(c) Where did injury occur? Valley Park, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Own home. (Specify type of place)
While at work? ..... (e) Means of injury 3

23. Signature Louis H Bopp (M.D. or other) Coroner
Address Kirkwood, Mo. 4/4/42 Date signed

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(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 Louis H Bopp, Registered Apprentice No. ..... working under my personal supervision.

Signed Louis H Bopp

Licensed Embalmer No. 921

P. O. Address Rutherwood

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, fact should be so stated above.