

FILED MAY 11 1942

Registration District No. 184

Primary Registration District No. 200

Registrar's No. 991

1. PLACE OF DEATH:

(a) County ST. LOUIS

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

(c) Name of hospital or institution: ROBERT KOCH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3.53 days
(Specify whether)

In this community life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 2806 St Louis Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WUEBOLD OTTO, L.

3. (b) If veteran, name war - 3. (c) Social Security No. 497-93-6742

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

6. (b) Name of husband or wife Emma 6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased: (Month) 9 (Day) 27 (Year) 77

8. AGE: Years 64 Months 7 Days 5 If less than one day hr. min.

9. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Plumbing

11. Industry or business

12. Name Henry Wuebbold

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

14. Maiden name Julia Fungmann

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

16. (a) Informant Patent

(b) Address Koch mo.

17. (a) BURIAL (b) Date thereof MAY 6 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity

18. (a) Signature of funeral director Budrmeda funeral Home

(b) Address 1936 St. Louis

19. (a) MAY 5 - 1942 (b) C. J. MO. Sheriff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd year 1942 hour 8 minute 40 P. M.

21. I hereby certify that I attended the deceased from May 13th, 1941, to May 2, 1942, that I last saw him alive on 5-2-, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Hemorrhage due to Pulmonary Tuberculosis

Due to: 1341

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy none

Duration

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) No

(b) Date of occurrence No

(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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature Herbert F. Schwartz (M. D. or other)

Address Koch Mo. Date signed 5-3-42

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

MOTHER FATHER

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.....

John Ketter

Licensed Embalmer No. 3880

P. O. Address. J. Louis M.

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.