

FILED OCT 1 1942 318

State File No. ....

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 7781

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1407 Penrose  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 84 years  
years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1407 Penrose  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16  
year 1942 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from Nov 1940  
..... 19..... to Sept 16 1942.  
that I last saw him or alive on Sept 10 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 10 min  
Hypertension  
Due to Hypertension heart disease 27

Due to arteriosclerosis  
Other conditions arteriosclerosis  
(Include pregnancy within 5 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?.....

While at work?..... (Specify type of place)  
(e) Means of injury.....  
23. Signature R. M. Cowgill (M. D. or other) MD  
Address 401 Blair Ave Date signed 9/18/42

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

3. (a) PRINT FULL NAME Margaret Wunderlich

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

4. Sex Female 5. Color or race White  
6. (b) Name of husband or wife Charles Wunderlich  
7. Birth date of deceased November 8 1857  
(Month) (Day) (Year)

6. (c) Age of husband or wife if alive deceased  
8. AGE: Years Months Days If less than one day  
84 10 8 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Unknown Schmalenbach  
13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Frank Winkler  
(b) Address 1407 Penrose

17. (a) Burial (b) Date thereof Sept. 19/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Wudmeyer & Sons  
(b) Address 3934 J. J. Road

19. (a) SEP 18 1942 (b) J. J. Wudmeyer  
(Date received local registrar) (Registrar's signature)

**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..... *Alfred J. Boedeker*

Licensed Embalmer No. *2663*

P. O. Address *5934 Alpha Ave*

**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.**