

S. No. 2
M-441
7-517-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31213
Registrar's No. 387

FILED OCT 8 1942
Registration District No. 310

Primary Registration District No. 3058

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital
(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 Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5957 North Pointe
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles R. Wunderlich

3. (b) If veteran, name war no 3. (c) Social Security No. 490-01-4830

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lillian Peterson Wunderlich 6. (c) Age of husband or wife in years 26

7. Birth date of deceased February 5 1912
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
30 7 9 hr. min.

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

10. Usual occupation Vice-President

11. Industry or business Chas. Wunderlich Cooperage Co

MOTHER FATHER { 12. Name Albert Wunderlich

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

14. Maiden name Minnie Spuering

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

16. (a) Informant Mrs. Lillian Wunderlich

(b) Address 5957 North Pointe

17. (a) Burial (b) Date thereof 9 - 26 - 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director A. H. Brown & Co.

(b) Address 2707 N. Grand Blvd

19. (a) Sept 23 1942 (b) Clarence G. Uebachs
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 24
year 1942 hour 1 minute 03 a. m.

21. I hereby certify that I attended the deceased from Coroner's Inquest 19
that I last saw him alive on _____ 19
and that death occurred on the date and hour stated above.

Immediate cause of death Injury to spinal cord Duration _____

Due to Automobile accident

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following: 057

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence Sept. 20, 1942

(c) Where did injury occur? Winfield, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway #79
(Specify type of place)

While at work? No (Specify type of injury) automobile

23. Signature A. P. Erickson (M. D. or other) _____

Address St. Charles, Mo. Date signed 9/24/42

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

92
39
3

C.W.

679

EX-1150

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 *Frank A. Moore*
Licensed Embalmer No. 3041
P. O. Address 2117 E. Grand

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.