

S. No. 2
 M-5-42
 v. 5-17-39
 X32873

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

39518

State File No.

FILED DEC 15 1942 818

Registration District No.

Primary Registration District No. 1003

Registrar's No. 10216

1. PLACE OF DEATH:
 (a) County St Louis
 (b) City or town St Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: McConley Hall 1325 Newstead Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 mo. (Specify whether
 In this community 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. 325 No Newstead (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Katherine Wunderlich
 (b) If veteran, name war no
 (c) Social Security No. no

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 6th
 year 1942 hour 10 minute 45 A. M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced widowed
 (b) Name of husband or wife Peter (c) Age of husband or wife if alive 1880 years
 7. Birth date of deceased March 1 1880
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 2
1942 to Dec 6 1942
 that I last saw her alive on December 6 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 9 Days 5 If less than one day
 hr. min.

Immediate cause of death Coronary Thrombosis Duration 4 days
 Due to Arterial Sclerosis 2 yrs.
 Due to myocarditis 2 yrs.
 Other conditions 7/2
 (Include pregnancy within 3 months of death)

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

Major findings: 7/2
 Of operations.....
 Of autopsy.....
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

11. Industry or business.....
 12. Name Andrew Brennan
 13. Birthplace Ireland 4
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Shea
 15. Birthplace Ireland 4
 (City, town, or county) (State or foreign country)

16. (a) Informant George Wunderlich
 (b) Address 2231 Richert
 17. (a) Burial (b) Date thereof 12-9-1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation New St Peter or Paul

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?
 Home at work? (Specify type of place) (e) Means of injury.....

18. (a) Signature of funeral director Reiderwieden Immers
 (b) Address 3620 Chinnery
 19. (a) DEC 8 1942 (b) J. F. Predeck
 (Date received local registrar) (Registrar's signature)

23. Signature A. Hestel (M. D. or other)
 Address 3606 Crovois Date signed 12/7/42

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

MOTHER FATHER

944 (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: *Howard R. Rowland*

Licensed Embalmer No. *3114*

P. O. Address. *St. Louis*

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.