DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 15 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39519

Registrar's No. 10152

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

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: 711 THRUSH AVE. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE (Specify whether years, months or days)

In this community 30 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000 17 8 9

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

(d) Street No. 711 THRUSH AVE. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ANNA WUNDERLIN

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 WIDOWED

6. (b) Name of husband or wife WUNDERLIN

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

7. Birth date of deceased JAN. (Month) 12 (Day) 1863 (Year)

8. AGE: Years 79 Months 10 Days 21 If less than one day hr. min.

9. Birthplace SWITZERLAND (City, town, or county) 5 (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business

FATHER 12. Name FRANCIS LIECHTIN

FATHER 13. Birthplace SWITZERLAND (City, town, or county) 5 (State or foreign country)

MOTHER 14. Maiden name ANNA HUTZELSCHWAP

MOTHER 15. Birthplace SWITZERLAND (City, town, or county) 5 (State or foreign country)

16. (a) Informant ANNA FRANCES WUNDERLIN

(b) Address 711 THRUSH AVE.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 7-1942 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Friedrich F. HOME

(b) Address 8319 HALLS FERRY RD.

19. (a) DEC 7 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 3 year 1942 hour 6 minute 15a M.

21. I hereby certify that I attended the deceased from november 28, 1942 to December, 1942 that I last saw her alive on Dec 2, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	6 days
Due to: not Known	
Due to:	
Other conditions: Paralysis (Include pregnancy within 3 months of death)	3 years

Major findings:
Of operations none
Of autopsy none

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? no (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? no (Specify type of place) (e) Means of injury

23. Signature Dr. Harry F. Miller (M. D.)

Address 9410 N. Broadway Date signed 12-4-42

(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.....Arthur R. Liedrich.....

Licensed Embalmer No.....3556.....

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.