

S. No. 2
M-9-4-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8945

BUREAU OF THE CENSUS
FILED MAR 20 1943

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 2376

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:
St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....

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

(d) Street No..... 3520 Henrietta Ave.
(If rural, give location)

(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME Julius H. Wulff

3. (b) If veteran, name war Spanish American 3. (c) Social Security No. 3

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Mary B. Wulff 6. (c) Age of husband or wife if alive abt 54 years

7. Birth date of deceased April 29th 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>10</u>	<u>12</u>hr.....min.

9. Birthplace Rochester New York
(City, town, or county) (State or foreign country)

10. Usual occupation Linotype operator

11. Industry or business.....

12. Name Julius Wulff

13. Birthplace Switzerland
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Rochester N.Y.
(City, town, or county) (State or foreign country)

16. (a) Informant Mary B. Wulff

(b) Address 3520 Henrietta Ave.

17. (a) Burial (b) Date thereof 3-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) MAR 11 1943 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th
year 1943 hour 6:30 minute A.M. M.

21. I hereby certify that I attended the deceased from Feb 19
1943 to Mar 11 19 43
that I last saw him alive on Mar 11 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 3 mos.

Due to structure of urethra with peroneal abscess 1 1/2 yrs.

Deep to Urethra Cause of abscess peroneal cyst

Other conditions peroneal cyst
(Include pregnancy within 3 months of death)

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).....

(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?

23. Signature J. F. Bredeek (Specify type of place) (b) Means of injury Uremia

Address 604 1/2 1st St Date signed Mar 11 1943

DR. WRAYSON CARROLL
Huntsville Ala 10-1

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 *Richard W. Stinesand*

Licensed Embalmer No. *4007*

P. O. Address.....

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.