

FILED MAY 25 1944 8

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 4648

1. PLACE OF DEATH:

(a) County Luther St. Louis
 (b) City or town Luther St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Lutheran Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 weeks
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Alvina Wunsh

3. (b) If veteran, name war _____

3. (c) Social Security No. XX

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 8 1889
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 10 9 hr. min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name Fred W. Wunsh

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

14. Maiden name Helena Steffan

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

16. (a) Informant Helena Wunsh

(b) Address 4760 Seibert Ave.

17. (a) Burial (b) Date thereof 5/20/44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New S.S. Peter & Paul

18. (a) Signature of funeral director I. L. Ziegenbein & Sons

(b) Address 7027 Gravois Ave.

19. (a) MAY 20 1944 J. J. Budek
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
Gardenville
 (c) City or town _____
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4760 Seibert Ave.
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
 year 1944 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 5
 1944 to May 17 1944
 that I last saw her alive on May 17 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pneumonia Lobes Lower
Lobe, Bilateral Duration 4 days

Due to Acute Cardiac Failure 34 hrs

Due to _____

Other conditions. 108
 (Include pregnancy within 3 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 J. Lewis Hutton (M. D. or other) M.D.
 Address 3606 Gravois Date signed 5/19-44

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

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..... *C. P. Kidwell*.....
Licensed Embalmer No. *3877*.....
P. O. Address..... *7027 Gravois 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.