S. No. 2
M—2-43
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I X35697

10748

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 27 1946

State File No. 11836

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2595

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jewish Hospital (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 4731 Thrush Ave. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME "Baby" Wondracheck

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb. (Month) 8th. (Day) 1946 (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day hr. 20 min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Harold Wondracheck
13. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Wiedmann
15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Harold Wondracheck

(b) Address 4731 Thrush Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/46 (Month) (Day) (Year)

(c) Place: ~~burial or cremation~~ Sullivans Funeral Dir.

18. (a) Signature ~~of funeral director~~ 2849 No. Euclid Ave.

(b) ~~Address~~ PLACE - CALVARY CEM.

19. (a) MAR 18 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8th. year 1946 hour 8 minute 19 P M.

21. I hereby certify that I attended the deceased from 2/8/46 - 6:28 PM, 19, to 8-19 PM, 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure

Due to Prematurity

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy No cause except prematurity

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 6210 Taylor Date signed 3/18/46

(Licensed Embalmer's Statement on Reverse Side)

Dr. Milton H. Meyerhardt

462 No. Taylor Ave.

NE. 5833

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 Robert L. Drinkman

Licensed Embalmer No. 3553

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.