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DOM-5-43  
ev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19076

State File No.

4719

FILED JUN 6 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....  
(b) City or town Saint Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
6838 Balson Ave. /  
(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)

3. (a) PRINT FULL NAME William Henry Wulle

3. (b) If veteran, name war..... None 3. (c) Social Security No. 495-14-7083

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

6. (b) Name of husband or wife Anna B. Wulle 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased October 7 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 7 18 hr. min.

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

10. Usual occupation Retired

11. Industry or business

12. Name James F. Wulle

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

14. Maiden name Mary A. Gerhart

15. Birthplace Belleville Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Edward I. Wulle

(b) Address 427 Julian, Kirkwood, Missouri

17. (a) Burial (b) Date thereof 5-28-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester, Maplewood, Mo.,

19. (a) MAY 27 1946 (Date received local registrar)  
J. F. Brebeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town Saint Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6838 Balson 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 25th  
year 1946 hour 2 minute 45 A. M.

21. I hereby certify that I attended the deceased from April 19, 1946, to May 24, 1946  
that I last saw him alive on May 24, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Anterior chest Heart Disease Duration 1 yr  
Due to Anterior chest 1 yr  
Due to.....  
Other conditions Hypertension 1 yr  
(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).....  
Means of injury.....

23. Signature Walter A. Dill (M. D. or other) MD  
Address 7346 a Manchester Date signed 5-25-46

(Licensed Embalmer's Statement on Reverse Side) Maplewood, Mo

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

17954

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**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 3454

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Main @ hester

**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.**