

No. 2
M-5-43
5-17-39
1 X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22359

State File No. _____

Registration District No. **0183 1946**

Primary Registration District No. **1003**

Registrar's No. **5495**

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

1. PLACE OF DEATH:

(a) County St. Louis

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

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

(d) Length of stay: In hospital or institution 4 days
(Specify whether Life)

In this community Life
years, months or days

3. (a) PRINT FULL NAME Wilma A Wulfekuehler

3. (b) If veteran, name war _____

3. (c) Social Security No. 488-03-6334

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 June August (Month) 13 (Day) 1906 (Year)

8. AGE: Years Months Days If less than one day

39 10 6 hr. _____ min.

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

10. Usual occupation Supervisor Clerk

11. Industry or business Southwestern Bell Tel

12. Name William Wulfekuehler

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

14. Maiden name Annie Vorderbruegge

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

16. (a) Informant Mrs Adina Goode

(b) Address 3975 Canterbury Dr

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home

(b) Address 4828 Nat bridge Blvd

19. (a) JUN 20 1946 (Date received local registrar) J. J. Brack (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 3316 Clara 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 June day 19
year 1946 hour 3 minute 40 R M.

21. I hereby certify that I attended the deceased from June 8, 1946, to June 19, 1946
that I last saw her alive on June 19, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Miliary Tuberculosis
Orbmaney

Due to _____

Due to _____

Other conditions 1/2
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy as above

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? 0

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature C. W. Schmechel (M. D. or other) md

Address 4991 Thural Date signed 6-20-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Rec'd 4-1-1920

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 John A. Givinski
Licensed Embalmer No. 4186
P. O. Address St. Louis Mo.

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.