

S. No. 2  
OM-543  
v. 5-17-39  
I X36671

29236

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 7627

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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 Foot of Meramec St. Miss River  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis, Missouri.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3945 McPherson Avenue  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Delores C. Wunsch  
(b) If veteran, name war None  
(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August day 27, 1946  
year 46 hour 10 minute 40 A. M.

4. Sex Female / 5. Color or race White  
6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife Lester Wunsch  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

7. Birth date of deceased: MARCH 7 1927  
(Month) (Day) (Year)  
8. AGE: Years 24 Months 5 Days 20  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: Asphyxiation due to drowning when she jumped off the Eagle Bridge into the Mississippi River Aug 27, 1946 about 10:15 a.m.  
Due to \_\_\_\_\_  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace Detroit Michigan  
(City, town, or county) (State or foreign country)  
10. Usual occupation Factory Worker  
11. Industry or business Tension Envelope Co.

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Daniel Williams  
13. Birthplace CANADA 21  
(City, town, or county) (State or foreign country)  
14. Maiden name Adeline Hopkins  
15. Birthplace Canada 21  
(City, town, or county) (State or foreign country)

16. (a) Informant John H. Baker  
(b) Address 1447 North Market St.  
17. (a) Burial (b) Date thereof. Aug. 31, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lake Charles Cemetery

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Suicide  
(b) Date of occurrence Aug 27 1946  
(c) Where did injury occur? St. Louis  
(City or town) (County) (State)  
(d) Did injury occur in or about a home, on a farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury As above

18. (a) Signature of funeral director Shepard Funeral Home  
(b) Address 1167 Hamilton Avenue  
19. (a) SEP 4 1946 (b) J. S. Budeck  
(Date received local registrar) (Registrar's signature)

23. Signature Walter J. Perry (M. D. or other)  
Address St. Louis, Mo. Date signed SEP 4 1946

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

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7637

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

Signed.....

Licensed Embalmer No.....

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.**