S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33171

FILED SEP 23 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8696

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

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: Park Lane Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4137 Farlin Ave. 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 10

If yes, name country

3. (a) PRINT FULL NAME Theodore J. Wunderlich

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 Married

6. (b) Name of husband or wife Adele Wunderlich

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased February 8, 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	59	7	6	hr. min.

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

10. Usual occupation Cabinet Maker

11. Industry or business

FATHER
12. Name Michael Wunderlich
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Adele Wunderlich
(b) Address 4137 Farlin Ave.

17. (a) Burial (b) Date thereof 9/18/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Calvin F. Feutz
(b) Address 4828 Natural Bridge Blvd.

19. (a) SEP 16 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 14th
year 1947 hour 7:10 minute P. M.

21. I hereby certify that I attended the deceased from Sept 10 - 47, 19 to Sept. 14, 1947, that I last saw him alive on Sept 13, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of upper lobe of L. lung. — Duration Indef.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) None

Major findings:
Of operations None

Of autopsy

PHYSICIAN

Underline the cause of 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 None

(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 R. I. Rigler (M. D. ~~or other~~)

Address 4158 Newstead Date signed 9/15/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Shelf

Fred N. Fountain
Bo. 1111.
1-2 Pm

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. McLinn

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.