

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6919

1. PLACE OF DEATH:

(a) County ST. LOUIS MO
 (b) City or town ST. LOUIS MO
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1384 TEMPLE PLACE 1
 (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 MARTHA JOSEPHINE WUNDERLIN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F. 1 5. Color or race W. 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 OCT 18 1892
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 9 17 hr. _____ min.

9. Birthplace ST. LOUIS MO
 (City, town, or county) (State or foreign country)

10. Usual occupation BOOKKEEPER

11. Industry or business _____

MOTHER FATHER { 12. Name JOSEPH WUNDERLIN

13. Birthplace TACOMA WASHINGTON
 (City, town, or county) (State or foreign country)

14. Maiden name JOHANNA BORCHERS

15. Birthplace HANOVER GERMANY
 (City, town, or county) (State or foreign country)

16. (a) Informant MRS. EMILIA CRUMP

(b) Address 1384 TEMPLE ST. LOUIS MO

17. (a) BURIAL (b) Date thereof AUG 7-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. TRINITY Cem. ST. LOUIS MO

18. (e) Signature of funeral director HEILIGTAG FUNERAL HOME

(b) Address KIMMSWICK MO

19. (a) AUG 6 1948 (b) J. J. Bredeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST. LOUIS
 (c) City or town ST. LOUIS MO
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1384 TEMPLE
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 5
 year 1948 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from 4/15 1946 to 8/5 1948
 that I last saw her alive on 7/4 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach - Primary

Due to Cancer

Due to Cancer

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

Major findings: None

Of operations None

Of autopsy None

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) None
 (b) Date of occurrence None
 (c) Where did injury occur? None
 (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? None (Specify type of place)
 PIERCE REILY

23. Signature James J. Reilly (M. D. or other)
 Address 4561 25th Parkway Date signed 8/5/48

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

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.....

.....
working under my personal supervision.

....., Registered Apprentice No.....

Signed..... *Ronald Yabuke*

Licensed Embalmer No..... *3917*

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.