No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 23 1948

Registration District No. 1878

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28360

Primary Registration District No. 1003

Registrar's No. 7029

WRITE PLAINLY—USE 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: Missouri Baptist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether

In this community 71 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Jennings (If outside city or town limits, write "RURAL")

(d) Street No. 7032 Idlewild Pl. (If rural, give location)

N.R.

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

If yes, name country

3. (a) PRINT FULL NAME Mr. Herman E. Wulfers

3. (b) If veteran, name war ----

3. (c) Social Security No. 489-05-7470

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Rose Georgi Wulfers

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased January (Month) 6th (Day) 1878 ~~1877~~ (Year)

8. AGE: Years 70 ~~71~~ Months 7 Days 2 If less than one day hr. min.

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

10. Usual occupation Clerk

11. Industry or business Roofing Materials

12. Name Henry Wulfers

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

14. Maiden name Unknown

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

16. Informant Miss Mildred Wulfers

(b) Address 7032 Idlewild Pl.

(c) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 11, 1948 (Month) (Day) (Year)

(d) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Beiderwieden F.H. Inc.

(b) Address 1936 St. Louis Avenue

19. (a) AUG 10 1948 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MOTHER FATHER

Cor by [illegible] Grand [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8th year 1948 hour 2 minute 25 A M.

21. I hereby certify that I attended the deceased from July 31, 1948, to Aug 8, 1948, that I last saw him alive on Aug 7, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Probable Gastric Carcinoma with metastases to liver

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C H Kilker (M. D. or other)

Address 3121 N Grand Date signed 8/9/48

(Licensed Embalmer's Statement on Reverse Side)

Dr. C. H. Kilker
3121 No. Grand
2 - 4 P.M.

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 Neal R. Paulson

Licensed Embalmer No. 4114

P. O. Address 1936 St Louis Ave

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. 28362-48

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 7029

death

On this 23rd day of August, 1948, before me appears Harriett Stephens for Mildred Wulfers, who, upon her oath, states that the original record of birth/death for Herman E. Wulfers, died/~~born~~ 8-8-48, 19....., in the State of Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 7 should read Jan. 6, 1878
Instead of Jan. 6, 1877

Item No. 8 should read 70 Years
Instead of 71 years

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Harriett Stephens for Mildred Wulfers Daughter
Relationship.

7032 Idlewild
Present Address.

Subscribed and sworn to before me this 23 day of August, 1948.

My Commission expires 3-4-49. Earl Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

dated 3-24-78

Form V. S. 135
50M—8-43
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