

No. 300  
10-47  
7. 5-17-39  
I 3906

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **28361**  
Registrar's No. **7713**

Registration District No. **818** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:  
(a) County **St. Louis**  
(b) City or town **St. Louis**  
(c) Name of hospital or institution: **Missouri Baptist Hospital**  
(d) Length of stay: In hospital or institution **4 weeks**  
In this community **50 years**

3. (a) PRINT FULL NAME **Rose Wulfers**  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Herman E. Wulfers**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **August 13, 1875**

8. AGE: Years **73** Months **0** Days **17**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Germany**  
10. Usual occupation **at home**

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name **Frank Georgi**  
13. Birthplace **Germany**  
14. Maiden name **Alvina Schieter**  
15. Birthplace **Germany**

16. (a) Informant **Mildred Wulfers**  
(b) Address **7032 Idlewild Pl.**  
17. (a) **Burial** (b) Date thereof **Sept. 2, 1948**  
(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **BEIDERVIEDEN F. HOME INC.**  
(b) Address **1936 St. Louis Ave.**  
19. (a) **SEP 1 1948** (b) **J. F. Bradeck**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **Jennings**  
(d) Street No. **7032 Idlewild Pl.**  
(e) Citizen of foreign country? **NO**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **August** day **30**, year **1948** hour **12** minute **50** A.M.  
21. I hereby certify that I attended the deceased from **Aug 26** to **Aug 30**  
that I last saw her alive on **Aug 30** and that death occurred on the date and hour stated above.

Immediate cause of death **Cholelithiasis**  
**Ureteral tract infection following gall bladder infection and operation including removal of gall bladder and stone from common duct**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) **Common duct**

PHYSICIAN  
Major findings: **Stones in gall bladder and common duct with infection of Ureteral tract.**  
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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
23. Signature **E. H. Kilbey** (M. D. or other) \_\_\_\_\_  
Address **3121 79th** Date signed **9/1/48**

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

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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.....

*Walter L. Rankin*

Licensed Embalmer No. 4114

P. O. Address. 1936 St. Louis

**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.**