

FILED MAY 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18230**
Registrar's No. **1114**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076	
1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE 770 b. COUNTY 000		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Le May 4		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		17 9
d. FULL NAME OF HOSPITAL OR INSTITUTION Le May Nursing Home			d. STREET ADDRESS (If rural, give location) 3025 Texas Av.		
3. NAME OF DECEASED (Type or Print) a. (First) Lizetta Louise b. (Middle) Wulfmeyer c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) May 4 1949		
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH Jan. 15 1873	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Charles Mo. 0		12. CITIZEN OF WHAT COUNTRY? u-s.
13a. FATHER'S NAME Frank Buschmann		13b. MOTHER'S MAIDEN NAME Mary Bustiker		14. NAME OF HUSBAND OR WIFE Theodore Wulfmeyer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no.	16. SOCIAL SECURITY NO. no.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph Merifield 4673 Alaska Av.			
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the stomach ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None				INTERVAL BETWEEN ONSET AND DEATH 15 1x 4 hrs
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from July 1, 1948 , to May 4, 1949 , that I last saw the deceased alive on May 3, 1949 , and that death occurred at 10:00 p. m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) B. J. McFerris M.D.			23b. ADDRESS 16 Hampton Kelley Blvd St. Louis 770		23c. DATE SIGNED 5/6/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-8-49	24c. NAME OF CEMETERY OR CREMATORY New Pickers	24d. LOCATION (City, town, or county) (State) St. Louis 770.		
DATE REC'D BY LOCAL REG. 5-6-49	REGISTRAR'S SIGNATURE Thud Lunge M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Witt Bros & Co. 2929 S. Jefferson		

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

96
00

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

David C. Witt

Signed _____

Student Embalmer

Licensed Embalmer No. 4353

P. O. Address 2929 So. Jefferson 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.