

FILED MAR 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11310

State File No. ....

318

1003

2556

BIRTH NO. ....		REG. DIST. NO. ....		PRIMARY REG. DIST. NO. ....		Registrar's No. ....			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis				2209	
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital				d. STREET ADDRESS (If rural, give location) 2007 Hebert Street				0	
3. NAME OF DECEASED (Type or Print)		a. (First) Otto		b. (Middle)		c. (Last) Wunderle		4. DATE OF DEATH (Month) (Day) (Year) 3 16 50	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 1st, 1879		9. AGE (In years last birthday) 70	IF UNDER 1 YEAR 3 Months	IF UNDER 24 HRS. 15 Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Medicine Cooker			10b. KIND OF BUSINESS OR INDUSTRY Mallinckrodt Chem. Co.		11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME August Wunderle			13b. MOTHER'S MAIDEN NAME Fredericka Rousch			14. NAME OF HUSBAND OR WIFE Kate Wunderle			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Kate Wunderle, 2007 Hebert Street		ADDRESS			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hypertensive Cardio-Vascular Disease Disease DUE TO (b)				INTERVAL BETWEEN ONSET AND DEATH DK	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)				II. OTHER SIGNIFICANT CONDITIONS Cardiac insufficiency DK					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" 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)		21d. (STATE)		H-H-3X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 3-1-50, to 3-16, 1950, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE Walter H. Sporenchuk				23b. ADDRESS 1506 87th Ave		23c. DATE SIGNED 3-16-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/18/50	24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri				
DATE REC'D BY LOCAL REG. MAR 17 1950		REGISTRAR'S SIGNATURE J B Fasater			25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz, 4828 Natural Bridge Blvd.				

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

SEP 27 1956

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.

Student .....  
Student Embalmer

Signed

*John A. McLean*

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.