

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

11072

State File No.

FILED APR 8 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3068 Registrar's No. 816

4004

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maplewood</u>		c. LENGTH OF STAY (in this place) <u>4 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maplewood</u>		d. STREET ADDRESS: <u>2505 Bellevue Ave.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2505 Bellevue Ave.</u>			d. STREET ADDRESS: <u>2505 Bellevue Ave.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) _____ c. (Last) <u>Wulfert</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 - 25 - 52</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1 - 19 - 1865</u>		9. AGE (in years last birthday) <u>87</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>stationary engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED (10a)</u>	11. BIRTHPLACE (State or foreign country) <u>Franklin Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Julius Wulfert</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Hartman</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Wulfert</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Mabel Wulfert</u> ADDRESS <u>2505 Bellevue</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Prostate</u>			ANTECEDENT CAUSES <u>Arteriosclerosis</u>		<u>3 yrs.</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Heart Disease</u>		<u>1 1/2 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS <u>None</u>			DUE TO (b) _____		DUE TO (c) _____
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>177X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>April 19 52</u> to <u>death</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>2/3/52</u> , and that death occurred at <u>4:30 P m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____			23b. ADDRESS <u>Maplewood Mo</u>		23c. DATE SIGNED <u>3/25/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Bremation</u>		24b. DATE <u>3-28-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>
DATE REC'D BY LOCAL REG. <u>3-27-52</u>		REGISTRAR'S SIGNATURE <u>Hebert R. Donke HD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Drehmann-Harral 1905 Union Blvd</u>	

Dr. J. Briscoe 1-3 except
2648 Oakview Terrace Thurs.

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 Warren G. Carver

Licensed Embalmer No. 3534

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.