

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

FILED JUN 1 - 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20086**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4878**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4508 Clarence Ave</b>		d. STREET ADDRESS (If rural, give location) <b>199 4508 Clarence Ave</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Louis</b> b. (Middle) <b>H.</b> c. (Last) <b>Wulfemeier</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5-13-53</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>1-9-1866</b>
9. AGE (In years last birthday) <b>87</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Office Manager</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farm Implement</b>
11. BIRTHPLACE (State or foreign country) <b>ST. LOUIS - Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Herman Wulfemeier</b>		13b. MOTHER'S MAIDEN NAME <b>Katherine Reinhardt</b>	
14. NAME OF HUSBAND OR WIFE <b>Julia</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Louis Wulfemeier</b> ADDRESS <b>4508 Clarence</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b> INTERVAL BETWEEN ONSET AND DEATH <b>hours</b> ANTECEDENT CAUSES <b>Sclerotic heart disease</b> 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>4200</b>			
22. I hereby certify that I attended the deceased from <b>May 8, 1953</b> , to <b>May 13, 1953</b> that I last saw the deceased alive on <b>May 13, 1953</b> , and that death occurred at <b>109 m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Arthur S. ...</b> (Degree or title)		23b. ADDRESS <b>2202 ...</b>	
23c. DATE SIGNED <b>5/14/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>5-15-53</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>ST. Peters</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS Co. Mo.</b>	
DATE REC'D BY LOCAL REG. <b>MAY 14 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Alton Hills</b> ADDRESS <b>2707 N. Grand</b>			

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....  
Signed *Ronald O. Johnson*

Licensed Embalmer No. *3917*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.