

FILED APR 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14292

318

PRIMARY REG. DIST. NO. 1003 Registrar's No. 3566

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY OR TOWN Flat River,	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital		e. STREET ADDRESS (If rural, give location) 204 Hickory	
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Christopher c. (Last) Wunning		4. DATE OF DEATH (Month) (Day) (Year) April. 17, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 13, 1882
9a. USUAL OCCUPATION (Give kind of work depending most of working life even if retired) Traffic Director		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 72
11. BIRTHPLACE (City and State or Foreign Country) Ste Genevieve, County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Fredrick Wunning		13b. MOTHER'S MAIDEN NAME Louise Krauch	
14. NAME OF HUSBAND OR WIFE Glenn Wunning		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO.	
16. SOCIAL SECURITY NO. Nil.		17. INFORMANT'S SIGNATURE OR NAME Lee Wunning, Flat River, Mo.	
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* (a) Pneumonia - Bronchitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Uremia 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 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? 592X		22. I hereby certify that I attended the deceased from 1953, to 4-16, 1954, that I last saw the deceased alive on 4-16, 1954, and that death occurred at 4:30 p.m., from the causes and on the date stated above.	
23a. SIGNATURE J. H. Blair (Degree or title)		23b. ADDRESS 3270 Wash. Ave.	
23c. DATE SIGNED 4-17-54		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 4-17-54		24c. NAME OF CEMETERY OR CREMATORY Parkview Cemetery	
24d. LOCATION (City, town, or county) (State) Farmington, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington.	

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

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.....
Signature of Student Embalmer

Signed *J. Wm. Bumbley*.....

Licensed Embalmer No. *365*.....

P. O. Address *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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.