

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **36437**
Registrar's No. **9203**

FILED NOV 16 1956

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 2 weeks	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Lukes Hospital		g. STREET ADDRESS (If rural, give location) 9097 1/2 4541 Holly Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) Meta b. (Middle) Wunderlich c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) October 7 1956	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov 8 1865
9. AGE (In years last birthday) 90		10. F UNDER 1 YEAR Months	10. F UNDER 2 WKS. Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Frederick Tiekemeier	
13b. MOTHER'S MAIDEN NAME Catherine - - - -		14. NAME OF HUSBAND OR WIFE George Wunderlich (Deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. unknown	
17. INFORMANT'S SIGNATURE OR NAME Edward F. Bokern, 122 North 7th 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Hypertensive cardiovascular dis. DUE TO (b) Chronic cystitis (+ pyelonephritis?) DUE TO (c) over 4 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 weeks indefinite	
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) 443X	
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 _____, 1952, to Oct 7, 1956 , that I last saw the deceased alive on Oct 6, 1956 , and that death occurred at 2.25 A.m. , from the causes and on the date stated above.			
23. SIGNATURE Harold A. Rude		23b. ADDRESS 4110 West Florissant Ave.	
23c. DATE SIGNED Oct 8, 1956		23d. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	
23e. LOCATION (City, town, or county) (State) St. Louis Missouri		23f. DATE REC'D BY LOCAL REG. OCT 9 1956	
23g. REGISTRAR'S SIGNATURE Carl Smith		23h. FUNERAL DIRECTOR'S SIGNATURE MATH HERMANN & SON, INC., 2161 E. FAIR AVE	
23i. ADDRESS		23j. (Licensed Embalmers' Statement on Reverse Side)	

WRITE PLAINLY—USING UNFADING 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
Student Embalmer

Signed *W. Ford S. Busby*
Licensed Embalmer No. *#202*

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.