

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020306  
State File No. ....

FILED MAY 23 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5207

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>7 days</u>		e. STREET ADDRESS (If rural, give location) <u>7829a Pennsylvania Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>26 St. Louis Chronic Hospital 90190</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Anton</u> b. (Middle) c. (Last) <u>Wunderlich</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 16, 1958</u>
--	--

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widower</u>	8. DATE OF BIRTH <u>April 15, 1876</u>	9. AGE (In years) (Last birthday) <u>82</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Repairman-Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Repair</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Germany 4</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Unk.</u>	13b. MOTHER'S MAIDEN NAME <u>Unk.</u>	14. NAME OF HUSBAND OR WIFE <u>Mary</u>
--------------------------------	---------------------------------------	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Joseph A. Wunderlich</u>	ADDRESS <u>9300 Rambler Dr. 23</u>
--	-------------------------------------	---	------------------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Branchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>491x</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Arteriosclerotic Heart Disease</u>		

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) (STATE)
--	--	---

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 May 8, 1958, to May 16, 1958, that I last saw the deceased alive on May 16, 1958, and that death occurred at 8:00A am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John W. Beckham, M.D.</u>	23b. ADDRESS <u>5800 Arsenal St.</u>	23c. DATE SIGNED <u>5/16/58</u>
---	--------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>May 19, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>McKenzie &amp; Watson Rd. St. L. Co.</u>
---	-------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>MAY 17 58</u>	REGISTRAR'S SIGNATURE <u>Earl Smith - MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Hoffmeister Mortuaries</u>	ADDRESS <u>7814 S Broadway Mo.</u>
---	--	---	------------------------------------

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.....  
Signature of Student Embalmer

Signed *Levin C. Hoffmann*.....  
Licensed Embalmer No. 3871  
P. O. Address 7814 S. B...

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.