

CITY OF ST. LOUIS

Appl. No. 33415

Bureau of Vital Statistics
DIVISION OF HEALTH

No. of Certificate 4866
Reg. No. 7982

CERTIFIED COPY OF DEATH

Full Name William Wuthenow Place of Death Alexian Brothers Hospital
Address: No. ----- Street -----

UNDERTAKER'S REPORT OF DEATH

SEX	Male	COLOR	White
DATE OF BIRTH	(Month) <u>---</u>	(Day) <u>---</u>	(Year 19 <u>---</u>)
AGE	YEARS <u>64</u>	MONTHS <u>---</u>	DAYS <u>---</u>
SINGLE, MARRIED WIDOWED OR DIVORCED	Married		
BIRTHPLACE (State or Country)	Germany		
NAME OF FATHER	-----		
BIRTHPLACE OF FATHER (State or Country)	-----		
MAIDEN NAME OF MOTHER	-----		
BIRTHPLACE OF MOTHER (State or Country)	-----		
OCCUPATION	Laborer		

New Pickers Cemetery.

Geo. Schnurr & Son Undertaker.

MEDICAL CERTIFICATE OF DEATH

(To be signed by physician last in attendance of deceased)

Date of Death December 10 1890
Month Day Year

I HEREBY CERTIFY, That I attended deceased from
19....., to 19....., that I last saw him alive on
19....., and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH was as follows: Enteritis chronic

Duration Days
Contributory

Duration Days
(Signed) F. B. Drescher M.D.

Dec. 10 1890 Address.....

Burial Permit Filed December 12 1890.

Arnold Montgomery
Health Commissioner.

James M. Williams
Deputy Registrar.

Loris J. Cozzed
Secretary to Health Commissioner.

Countersigned:

Paul M. Bera
Comptroller

OFFICE OF HEALTH DEPARTMENT: — I, the undersigned, Secretary to Health Commissioner, hereby certify the foregoing to be a true copy from the Death Records in this office.

FEE \$3.00

Ironica Braddy
Registrar