S. No. 2
M—5-42
5-17-39
PI X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42128

Registration District No. FILED JAN 15 1943

Primary Registration District No. 2007

Registrar's No. 2790

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Adm. Dec. 14, 1942, (Specify whether)
In this community unknown.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 12
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 3618-A St. Louis Ave., (Temporary)
Permanent address - (If rural, give location) Route 1, Jamestown, Mo.
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME Fred Wordelman
3. (b) If veteran, name war World War-1918
3. (c) Social Security No. 488-24-6333

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Flora
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased May (Month) 29, (Day) 1887 (Year)

8. AGE: Years 55 | Months 6 | Days 28 | If less than one day ... hr. ... min.

9. Birthplace Chicago, (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Laborer
11. Industry or business -

MOTHER FATHER
12. Name Gottlieb Wordelman
13. Birthplace ... (City, town, or county) Germany (State or foreign country)
14. Maiden name Frieda Fierke
15. Birthplace ... (City, town, or county) Germany (State or foreign country)

16. (a) Informant M. Schulling
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/28/42 (Month) (Day) (Year)
(c) Place: burial or cremation California, Mo.
18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester
19. (a) DEC 28 1942 (Date received local registrar) (b) C. G. McGannon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27th, year 1942 hour 10:57 minute P. M.
21. I hereby certify that I attended the deceased from December 14, 1942 to December 27, 1942 that I last saw him alive on December 27, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ulcer, peptic, perforating and bleeding.	Abt. 22 yr
Due to: Obstruction, pyloric.	Unknown.
Due to: Other Conditions: Syphilitic heart disease with aortic valvular damage, Unkn.	
Other conditions (Include pregnancy within 3 months of death): and anginal syndrome. Syphilitic aortitis with sacular aneurism.	PHYSICIAN Unkn.
Major findings of operations:	
Of operations:	
Of autopsy: Not granted.	

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature L. M. COCHRAN, M.D., (M.D. or other)
Address Chief Medical Officer. Date signed 12/28/42

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Glenn Emmons

Licensed Embalmer No. 1284

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.