No. 2
1-10-39
17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27117

FILED SEP 25 1940

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7013

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4913 Mackland Ave 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME George R. Wolfarth 416

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Richie Boller Wolfarth

6. (c) Age of husband or wife if alive years

7. Birth date of deceased MAY (Month) 14 (Day) 1868 (Year)

8. AGE: Years 72 Months 3 Days 3 If less than one day hr. min.

9. Birthplace ST LOUIS MO (City, town, or county) (State or foreign country)

10. Usual occupation Paper Hanger

11. Industry or business Own Business

FATHER
12. Name SEBASTIAN WOLFARTH
13. Birthplace GERMANY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant Leonard Wolfarth
(b) Address 5870 Itaska

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 8/19/40 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director E. J. Schnur
(b) Address E. J. Schnur 3125 Lafayette

19. (a) AUG 19 1940 (Date received local registrar) (b) J. F. Bubbeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 14
(If outside city or town limits write "RURAL")

(d) Street No. 5870 Itaska St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17 year 1940 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Strangulation due to hanging by rope around his neck, suspended from improvised scaffold in his home, August 17, 1940, about 12.15 P.M. SUICIDE.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

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) Suicide
(b) Date of occurrence on or about Aug. 17, 1940.
(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address Deputy Coroner Date signed 8/19/40

(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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Lemay

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, above space should be left blank.