No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8068

Registration District No. FEB MAR 11 1941 7841

Primary Registration District No. 200

Registrar's No. 445

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

600

1. PLACE OF DEATH:
(a) County St. Louis,
(b) City or town Carsonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: #4013 Carson Road. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. S (b) County St. Louis, 96
(c) City or town Carsonville. NIB
(If outside city or town limits, write "RURAL")
(d) Street No. #4013 Carson Road. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME NETTIA WOLFE.
3. (b) If veteran, name war none.
3. (c) Social Security No. none.
4. Sex Female.
5. Color or race White.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William Wolfe.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 1, 1865. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
76.	1.	13.	hr. min.

9. Birthplace St. Louis, (City, town, or county) O Missouri. (State or foreign country)
10. Usual occupation At Home.
11. Industry or business
MOTHER FATHER
12. Name Richard Bird.
13. Birthplace (City, town, or county) Canada. (State or foreign country)
14. Maiden name (Unknown) Moke.
15. Birthplace St. Louis Co. (City, town, or county) O Missouri. (State or foreign country)
16. (a) Informant John J. Wolfe.
(b) Address #28 Black Creek Lane.
17. (a) Removal. (Burial, cremation, or removal) (b) Date thereof 2-17-41 (Month) (Day) (Year)
(c) Place: burial or cremation Portsmouth, Ohio.
18. (a) Signature of funeral director C.R. Lupton & Sons.
(b) Address #7233 Delmar Boulevard.
19. (a) FEB 15 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14 year 1941 hour One minute 30 P. M.
21. I hereby certify that I attended the deceased from Feb. 14, 1941, to Feb. 14, 1941 that I last saw her alive on Feb. 14, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia - type + kind not determined	3 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations No operation
Of autopsy No autopsy

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)
(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 Guy N Magnes (M. D. or other)
Address 6635 Delmar Date signed 2/14/41

(Licensed Embalmer's Statement on Reverse Side)

Dr Guy N. Magness.
6635 Delmar Blv'd.
CA. 4400.

7732 Damon

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.