

DEC 13 1941
Registration District No. 784

Primary Registration District No. 200

1. PLACE OF DEATH: **St. Louis**
(a) County _____
(b) City or town **Lemay**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Miller Nursing Home
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Lemay**
(If outside city or town limits, write "RURAL")
(d) Street No. **8316 Tennessee**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Grant R. Wolfe**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **December** day **11** year **1941** hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from **November 11-27** 1941 to **December 4** 1941; that I last saw him alive on **December 30** 1941; and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Louise Wolfe** 6. (c) Age of husband or wife if alive **65** years
7. Birth date of deceased **October 25 1868**
(Month) (Day) (Year)

Immediate cause of death **Myocarditis**
Left side Hemiplegia
not probably cerebral hemorrhage ?
Due to **General weakness very poor circulation**
Due to **dyspnoea**

8. AGE: Years Months Days If less than one day
73 **1** **9** _____ hr. _____ min.

Other conditions (include pregnancy within 3 months of death) **93.21**
Major findings: Of operations _____
Of autopsy **No**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace **Michigan**
(City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. Industry or business **nil**

MOTHER FATHER
12. Name **Rubin Wolfe**
13. Birthplace **unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **unknown**
15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Louise Wolfe**
(b) Address **8316 Tennessee**

17. (a) **burial** (b) Date thereof **Dec. 6-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus**

18. (a) Signature of funeral director **Fendler Und. Co.**

(b) Address **7420 Michigan**

19. (a) **DEC 5 1941** (b) **J. M. Lawrence**
(Date received local registrar) (Registrar's signature)

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? **No injury**
(Specify type of place) (e) Means of injury _____
While at work? _____
23. Signature **J. J. Meredith** (M. D. or other) _____
Address **1259 W. Kingshighway** Date signed **12-5-41**

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Oliver E. Fendley

Licensed Embalmer No. *4148*

P. O. Address *St. Louis*

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.