S. No. 2
1—1-4-41
. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3719
Registrar's No. 384

Registration District No. 784 Primary Registration District No. 17

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 948 TWINING PLACE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
In this community 53 YRS. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. LOUIS
(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")
(d) Street No. 948 TWINING PLACE
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ADAM CASPER WOLFRAM
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, divorced WIDOWER
6. (b) Name of husband or wife ANNA HELENA WOLFRAM
6. (c) Age of husband or wife if alive —
7. Birth date of deceased JULY 9 1861 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
80	7	8	— hr. — min.

9. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation ELECTRIC ENGINEER
11. Industry or business ELECTRIC CONSTRUCTION

MOTHER FATHER
12. Name WIEGAND WOLFRAM
13. Birthplace HESSE-DARMSTADT (City, town, or county) GERMANY (State or foreign country)
14. Maiden name CATHERINE UMBACH
15. Birthplace HANOVER (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant T. J. Wolfram
(b) Address 3516 PAGE AVE. W. G.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB-20-1942 (Month) (Day) (Year)
(c) Place: burial or cremation OAK HILL CEMETERY
18. (a) Signature of funeral director Parker Sund Co
(b) Address WEBSTER GROVES MO.
19. (a) FEB 18 1942 (Date received local registrar) (b) C. G. McKamey M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17 year 1942 hour — minute — M.
21. I hereby certify that I attended the deceased from Feb. 1941, 19 — to Feb. 17 1942, that I last saw him alive on Feb. 14 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Cardiac Dilitation	—
Due to Nephritis	
Due to Senilitis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of 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 W. J. Mellen (M. D. or other)
Address Walter Brown M.D. Date signed 2/18/42

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.