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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

34938

FILED NOV 6 1942

Registration District No. 84

Primary Registration District No. 200

State File No. ....

Registrar's No. 2112

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution: Mt. St. Rose  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days  
(Specify whether)

In this community 2 days  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. L.

(c) City or town Richmond Heights  
(If outside city or town limits, write "RURAL")

(d) Street No. 1432 Bredell  
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME Bernice Catherine Wolfe

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife Bernard H. Wolfe

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased March 9, 1913  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10 year 1942 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 31, 1937 to Oct 8, 1942 that I last saw her alive on October 9, 1942 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

29 7 1 hr. 0 min.

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Immediate cause of death: Chronic Pulmonary Tub. 6 yrs.

Due to 13 KI

Due to 13 KI

Other conditions None  
(Include pregnancy within 3 months of death)

11. Industry or business

MOTHER FATHER { 12. Name Arthur R. Shriner

13. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Boegemann

15. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Bernard H. Wolfe

(b) Address 1432 Bredell

17. (a) Burial (b) Date thereof 10-12-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) OCT 12 1942 (b) J. McFarland  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations None

Of autopsy None

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Clarence C. Henke (M. D. or other)

Address 607 No. Grand Blvd Date signed 10/12/42

Duration

6 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

NOV 20 18 1933

**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..... *H. C. Burgess* .....

Licensed Embalmer No. *4029* .....

P. O. Address *Maplewood* .....

**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.**