

FILED JAN 19 1943

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302

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis

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

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

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

In this community Six months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County Drew

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

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

(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lawrence Wolfe

3. (b) If veteran, name war World War 1

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Frances Wolfe

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased March 20 1896
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>9</u>	<u>19</u> hr. min.

9. Birthplace Tillar Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Robert H Wolfe

13. Birthplace Tyro Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Susan A. Bowles

15. Birthplace Tyro Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Harrell

(b) Address Tillar Arkansas

17. (a) Removal (b) Date thereof 1-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Rock, Arkansas

18. (a) Signature of funeral director Albert N. Hoppe, Inc.

(b) Address 4700 Washington Blvd.

19. (a) JAN 19 1943 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN - day 9
year 1943 hour 1 minute 20 P.M.

21. I hereby certify that I attended the deceased from SEPT 30 1940 to JAN 9 1943
that I last saw him alive on 1-9-43 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary hyperarteriosclerosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 1/2

Major findings: Of operations

Of autopsy myocardial infarction

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?

(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 Dr. J. Frank Henry (M.D. or other)

Address 27 Lakeside Date signed 1-9-43

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

MOTHER FATHER

302
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APR 18 1944

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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 *Albert W. Harper*
Licensed Embalmer No. *1861*

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.