

FILED DEC 5 1944

318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

9928

## 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:  
Home Phillips  
 (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

## 3. (a) PRINT FULL NAME

VAN Wolford

3. (b) If veteran,  
name war no3. (c) Social Security  
No. none

5. Color or race White  
 6. (a) Single, widowed, married, divorced single  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if \_\_\_\_\_  
 alive \_\_\_\_\_ years

7. Birth date of deceased: Aug 28, 1900  
(Month) (Day) (Year)8. AGE: Years 44 Months 2 Days 21  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace unk. unk.  
(City, town, or county) (State or foreign country)10. Usual occupation ret

## 11. Industry or business

12. Name Ed. Wolford13. Birthplace unk. unk.  
(City, town, or county) (State or foreign country)14. Maiden name Estelle Tyson15. Birthplace unk. unk.  
(City, town, or county) (State or foreign country)16. (a) - Informant Estelle Wolford(b) Address 2326 Eugenia St17. (c) Burial (b) Date thereof Nov 23, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Washington Dk18. (a) Signature of funeral director English Und. Co(b) Address 2431 Dubois, Mo(c) NOV 22 1944 (d) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 640  
 (c) City or town St. Louis 17 22  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2326 Eugenia  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19  
year 1944 hour 8 minute 25 a M.21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

## Immediate cause of death

Coronary Hypertrophy, Regenerative Cyst  
right Eye Brown & bluish Wall  
 Due to suicide when deceased fell off the  
sidewalk in front of a barber shop at  
 Due to 21<sup>st</sup> St. Market on Nov. 13, 1949. exact  
time unknown accident

Other conditions.  
(Include pregnancy within 3 months of death)Major findings:  
Of operations 186  
309

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident of 11  
 (b) Date of occurrence Nov. 19, 1944  
 (c) Where did injury occur? 21<sup>st</sup> St. Mo  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
the walk

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury above  
 23. Signature James J. Fitzsimmons (M. D. or other)  
1300 Clark Date signed 11-22-44

Duration

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged statistically.

**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: Buelson English  
Licensed Embalmer No. 4208  
P. O. Address 2931 Lucas, o

**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.**