

No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35741
State File No. _____
Registrar's No. 9150

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3009a Victor Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 50 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3009a Victor Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry G. Wolters
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret Henrici 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased November 3, 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 11 21 hr. min.

9. Birthplace Steelville, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business City of St. Louis

12. Name Fred Wolters

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

14. Maiden name Carolina Denninger

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

16. (a) Informant Margaret Wolters

(b) Address 3009a Victor

17. (a) Burial (b) Date thereof Oct. 26, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity Luth. Cemetery

18. (a) Signature of funeral director Beiderwieden F. H., Inc.

(b) Address 1936 St. Louis Avenue

19. (a) OCT 26 1946 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24,
year 1946 hour 5: minute 15 P. M.
21. I hereby certify that I attended the deceased from Oct. 22, 1946
to Oct. 24, 1946
that I last saw h. 100 alive on Oct. 24, 1946, 1946
and that death occurred on the date and hour stated above

Immediate cause of death Myocardial infarct
due to Coronary Heart Disease Duration 4 days
Due to Coronary Sclerosis
Arteriosclerosis

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) _____
(e) Means of injury _____
23. Signature Arnold S. Plein (M. D. or other) M.D.
Address 2632 So. King St. Kansas City Date signed 10/26/46

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

Dr. Arnold Klein
2632 S. Kingshighway Blvd.
L. A. P. M.

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 *Neal Paulson*.....

Licensed Embalmer No. *4114*.....

P. O. Address. *1936 St. Louis Ave*.....

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.