

Registration District No.

318

Primary Registration District No.

1000

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:
1409 N. Euclid Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
3 1/2 years (Specify whether
in this community _____ years, months or days)

3. (a) PRINT FULL NAME Elkin Oscar Woolfolk

3. (b) If veteran, name war World War 1 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Irene Woolfolk 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased October 27, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 2 29 hr. min.

9. Birthplace Craig, Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Methodist Minister

11. Industry or business _____

12. Name B.F. Woolfolk

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

14. Maiden name Elizabeth ?

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

16. (a) Informant Irene Woolfolk

(b) Address 1409 N. Euclid Avenue

17. (a) Burial (b) Date thereof 1/30/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Russell Und., Co.

(b) Address 2732 Pine Street

19. (a) JAN 30 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 1409 N. Euclid Ave. (If rural, give location) 90
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26,
year 1948 hour 7:00 AM minute _____ M.

21. I hereby certify that I attended the deceased from _____ to January 26, 1948

that I last saw him alive on January 26, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration 12 months

Due to undetermined

Due to _____

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? _____

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

23. Signature L. F. Brooks (M. D. or other) _____

Address 2746 G. Franklin Ave. Date signed 1/29/48

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

MOTHER FATHER

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 Blank Young
Licensed Embalmer No. 3371
P. O. Address St. Louis

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.