

No. 300  
M-10-47  
7-5-17-39  
I 3908

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 30197  
Registrar's No. 59

Registration District No. 782

Primary Registration District No. 5595

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

1. PLACE OF DEATH:

(a) County Jefferson,  
(b) City or town Kimmswick, Rural, Rock  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Route 2, Box 204  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jefferson,  
(c) City or town Kimmswick,  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route 2, Box 204  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

William Wolfangel,

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6th  
year 1948 hour 7:00 minute \_\_\_\_\_ P. A. M.  
21. I hereby certify that I attended the deceased from April  
\_\_\_\_\_ 1947, to 10-16, 1948  
that I last saw him alive on 10-6-48, 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Mary Rieser Wolfangel, 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 25, 1871  
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 11 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Gottlieb Wolfangel,

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

14. Maiden name Barbara Hartmann,

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

16. (a) Informant William Wolfanger,  
(b) Address 4134 Michigan Ave., St. Louis,

17. (a) Burial, (b) Date thereof 10/9/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery,

18. (a) Signature of funeral director Gebken-Benz Mortuary,  
(b) Address 2842 Meramec St.,

19. (a) Oct 8, 48 (b) Philip J. York  
(Date received local registrar) (Registrar's Signature)

Immediate cause of death Carcinoma General Primary Left Lingual  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions Senility  
(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 Heich Md. (M. D. or other)  
Address Kimmswick, Mo Date signed 10/16/48

Date Filed OCT 12 1948

IN CERT. NO. 97

RECEIVED

**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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Joe B. Benz  
Licensed Embalmer No. 4219  
2842 Meramec St.,  
P. O. Address St. Louis, 18, Mo.

**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.**