

FILED JAN 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42137

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 320 PRIMARY REG. DIST. NO. 6081 Registrar's No. 76

950

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

1. PLACE OF DEATH a. COUNTY <u>Ste. Genevieve</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ste. Genevieve</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Union</u>		c. LENGTH OF RES. (If outside corporate limits, write RURAL and give township) <u>83 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Weingarten</u>		d. STREET ADDRESS (If rural, give location) <u>Weingarten</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Felix</u>	b. (Middle)	c. (Last) <u>Wolk</u>	(Month) <u>Dec.</u>	(Day) <u>28</u>	(Year) <u>1948</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 30, 1883</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Phillip Wolk</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Wolk Doll</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Schentz</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>F. Xavier Wolk</u>	ADDRESS <u>Weingarten, Mo.</u>
---	-------------------------	--	-----------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  <u>92D</u>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Auto Cardiac Dilatation</u>		INTERVAL BETWEEN ONSET AND DEATH.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Cardiac Decompensation</u>  DUE TO (c) <u>Chronic Valvular Heart Disease</u> <u>Chronic Myocarditis</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>No</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-------------------------------------	---	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NI</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NO</u> <u>NO</u> <u>NO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1948, to Dec 28, 1948, that I last saw the deceased alive on Dec 21, 1948, and that death occurred at 11:2 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Delaprade MD</u>	23b. ADDRESS <u>St Genevieve Mo</u>	23c. DATE SIGNED <u>12-29-48</u>
---	--	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 31, 1948</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lady Help of Christ Weingarten</u>	24d. LOCATION (City, town, or county) (State) <u>Missouri</u>
--	-----------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>Jan. 3-1949</u>	REGISTRAR'S SIGNATURE <u>Dep. Lucia M. Asolo</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jerome S. Sauter</u>	ADDRESS <u>Ste. Genevieve</u>
--	---	---	----------------------------------

110

RECEIVED

Health Officer No. 4  
File Number 149-49  
Date Recd 1-6-49

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed *Gustav W. Dittell*

Licensed Embalmer No. 4329

P. O. Address *St Louis 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.