

FILED APR 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10967

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070 Registrar's No. 624

|                                                                                                                                                                                                                                                                        |                           |                                                                                                                                                                                                                                                                                                                          |                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>                                                                                                                                                                                                                        |                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>                                                                                                                                                                                  |                                                        |
| b. CITY OR TOWN <u>Webster Groves</u>                                                                                                                                                                                                                                  |                           | c. CITY OR TOWN <u>Webster Groves</u>                                                                                                                                                                                                                                                                                    |                                                        |
| c. LENGTH OF STAY (in this place) <u>1</u>                                                                                                                                                                                                                             |                           | d. STREET ADDRESS (If rural, give location) <u>701 N. Forest Ave</u>                                                                                                                                                                                                                                                     |                                                        |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>701 N. Forest Ave</u>                                                                                                                                                                                                       |                           |                                                                                                                                                                                                                                                                                                                          |                                                        |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Espy</u> b. (Middle) <u>G</u> c. (Last) <u>Wilfley</u>                                                                                                                                                            |                           |                                                                                                                                                                                                                                                                                                                          | 4. DATE OF DEATH (Month) (Day) (Year) <u>3 13 1949</u> |
| 5. SEX <u>M</u>                                                                                                                                                                                                                                                        | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>                                                                                                                                                                                                                                                    | 8. DATE OF BIRTH <u>2 4 1887</u>                       |
| 9. AGE (In years last birthday) <u>62</u>                                                                                                                                                                                                                              |                           | 10. UNDER 1 YEAR Months <u>1</u> Days <u>9</u>                                                                                                                                                                                                                                                                           | 11. UNDER 1 HR. Hours <u></u> Min. <u></u>             |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auditor</u>                                                                                                                                                             |                           | 10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>                                                                                                                                                                                                                                                                        |                                                        |
| 11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>                                                                                                                                                                                                        |                           | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                                                                                                                                                                                                                                                                               |                                                        |
| 13a. FATHER'S NAME <u>John Wilfley</u>                                                                                                                                                                                                                                 |                           | 13b. MOTHER'S MAIDEN NAME <u>Sadie Espy</u>                                                                                                                                                                                                                                                                              |                                                        |
| 13c. NAME OF HUSBAND OR WIFE <u>Grace H. Wilfley</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. <u>RR Retiree</u>                                                                                                                                                                                                                                                                                |                                                        |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Gene N. Wilfley</u>                                                                                                                                                                                                               |                           | ADDRESS <u>701 N. Forest Ave</u>                                                                                                                                                                                                                                                                                         |                                                        |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                                          |                           | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Chronic Myocarditis</u><br>ANTECEDENT CAUSES<br>DUE TO (b) <u>4220</u><br>DUE TO (c) <u>935</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |                                                        |
| 19a. DATE OF OPERATION <u>1-26-49</u>                                                                                                                                                                                                                                  |                           | 19b. MAJOR FINDINGS OF OPERATION <u>Right Lingual Hemorrhage Right Oculidectomy</u>                                                                                                                                                                                                                                      |                                                        |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                                                                                                                                       |                           |                                                                                                                                                                                                                                                                                                                          |                                                        |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>                                                                                                                                                                                                                   |                           | 21b. PLACE OF INJURY (e.g., in or about home, farm, store, street, on the bldg., etc.) <u>None</u>                                                                                                                                                                                                                       |                                                        |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Webster Groves Mo.</u>                                                                                                                                                                                              |                           |                                                                                                                                                                                                                                                                                                                          |                                                        |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>                                                                                                                                                                                                            |                           | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                                                                                                                                                                                                   |                                                        |
| 21f. HOW DID INJURY OCCUR? <u>None</u>                                                                                                                                                                                                                                 |                           |                                                                                                                                                                                                                                                                                                                          |                                                        |
| 22. I hereby certify that I attended the deceased from <u>Jan 15, 1949</u> , to <u>March 12, 1949</u> , that I last saw the deceased alive on <u>3-8-</u> , 19 <u>49</u> , and that death occurred at <u>9:15 a.m.</u> , from the causes and on the date stated above. |                           |                                                                                                                                                                                                                                                                                                                          |                                                        |
| 23a. SIGNATURE <u>Joseph A. Lembeck, M.D.</u> (Degree or title)                                                                                                                                                                                                        |                           | 23b. ADDRESS <u>607 N. Grand Blvd</u>                                                                                                                                                                                                                                                                                    |                                                        |
| 23c. DATE SIGNED <u>3-14-49</u>                                                                                                                                                                                                                                        |                           |                                                                                                                                                                                                                                                                                                                          |                                                        |
| 24a. MANNER OF CREMATION OR REMOVAL (Specify) <u>Burial</u>                                                                                                                                                                                                            |                           | 24b. DATE <u>2-15-'49</u>                                                                                                                                                                                                                                                                                                |                                                        |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>                                                                                                                                                                                                                     |                           | 24d. LOCATION (City, town, or county) (State) <u>Kirkwood Mo.</u>                                                                                                                                                                                                                                                        |                                                        |
| DATE REC'D BY LOCAL REG. <u>3-15-49</u>                                                                                                                                                                                                                                |                           | REGISTRAR'S SIGNATURE <u>Shunda Luning</u>                                                                                                                                                                                                                                                                               |                                                        |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>MAI A. ELBERG</u>                                                                                                                                                                                                                  |                           | ADDRESS <u>WEBSTER GROVES MO.</u>                                                                                                                                                                                                                                                                                        |                                                        |

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

APR 11 1949  
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**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

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

working under my personal supervision.

Signed By Wilkinson

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

Licensed Embalmer No. 3575

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.