

FILED OCT 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35713**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8258**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		a. STATE MISSOURI b. COUNTY	
c. LENGTH OF STAY (in this place) 8-30-49		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Infirmiry Hospital		d. STREET ADDRESS (If rural, give location) 24 3656 Minnisota	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) HENRY			b. (Middle) W		
c. (Last) WOLPERS			Sept 22 1949		
5. SEX Male	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Oct 24 - 1967	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days 10 39
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Sedalia Co. MO		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME HY WOLPERS	13b. MOTHER'S MAIDEN NAME NOT KNOWN	14. NAME OF HUSBAND OR WIFE DECEASED
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY 492-24-3898	17. INFORMANT'S SIGNATURE OR NAME Mrs Rosella Resch	ADDRESS 3656 Minnisota
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Chronic Pyelonephritis		2 years
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		Many years
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
		DUE TO (b) Generalized Arteriosclerosis		
		DUE TO (c)		
		II. OTHER SIGNIFICANT CONDITIONS		
		Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) STATE
		97

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4500
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22. I hereby certify that I attended the deceased from **Aug 30**, 19**49**, to **Sept 22**, 19**49**, that I last saw the deceased alive on **Sept 22**, 19**49**, and that death occurred at **5:55** p.m., from the causes and on the date stated above.

23a. SIGNATURE Cletis Krag, M.D.	(Degree or title)	23b. ADDRESS 5600 Arsenal St St Louis	23c. DATE SIGNED Sept 23, 1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 26-1949	24c. NAME OF CEMETERY OR CREMATORY Sansil Burial Pl	24d. LOCATION (City, town, or county) (State) St Louis Mo
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DATE REC'D BY LOCAL REG. SEP 26 1949	REGISTRAR'S SIGNATURE J. B. ...	GENERAL DIRECTOR'S SIGNATURE Angermehl	ADDRESS 3819 S Grand
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USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 22 1956

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.

Student
Student Embalmer

Signed Isley W. Wilkinson

Licensed Embalmer No. 35775

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.

Handwritten notes and signatures at the bottom of the page, including a large signature that appears to read "Isley W. Wilkinson" and other illegible text.