

FILED JUN 23 1951

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

21515

State File No. ....

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5395

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2279</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillips Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>1213 N. 21st St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>James Abdell</u> b. (Middle) <u>Wolfe</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>6 12 1957</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>10-20-1885</u>
9. AGE (In years last birthday) <u>66</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Moving Van Work</u>	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) <u>Hines County Miss</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>George Wolfe</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Hattie Wolfe</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 ADDRESS <u>Hattie Wolfe 1016 N. 19th St.</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Sclerosis</u> INTERVAL BETWEEN ONSET AND DEATH  ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis Clav.</u> DUE TO (c) <u>Myocarditis Clav.</u> 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"/>		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)	
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? <u>H2O</u>		22. I hereby certify that I attended the deceased from <u>May 23, 1950</u> to <u>June 8, 1951</u> , that I last saw the deceased alive on <u>June 8, 1951</u> , and that death occurred at <u>2-30 hrs.</u> from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Max J. Burman M.D.</u>		23b. ADDRESS <u>2335 Franklin</u>	
23c. DATE SIGNED <u>1/13/57</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>11</u>	
24b. DATE <u>6-18-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Dale</u>	
24d. LOCATION (City, town, or county) (State) <u>Kenans 710</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gushore 2930 Dickson St.</u>	
DATE REC'D BY LOCAL REG. <u>JUN 13 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Arthur L. Halliard*

Licensed Embalmer No. *4321*

P. O. Address *4740 Campbell*

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.