

6886

STANDARD CERTIFICATE OF DEATH

State File No. 1301

No. 300
10.48

FILED MAR 5 1952

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 1301

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1301	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2269	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL (If not in hospital or institution, give street address or location)				d. STREET ADDRESS (If rural, give location) 1115 Tyler St			
3. NAME OF DECEASED (Type or Print) William		a. (First)		b. (Middle) C		c. (Last) Wolford	
4. DATE OF DEATH (Type or Print) Feb 16 1952		4. DATE OF DEATH (Month) (Day) (Year)		5. SEX male		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 30-1906		9. AGE (In years last birthday) 45		10. UNDER 1 YEAR Months _____ Days _____	
11. BIRTHPLACE (State or foreign country) East St. Louis Ill		12. CITIZEN OF WHAT COUNTRY? _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter & Paper Hanger		10b. KIND OF BUSINESS OR INDUSTRY _____	
13a. FATHER'S NAME Charles Wolford		13b. MOTHER'S MAIDEN NAME Nora Warner		14. NAME OF HUSBAND OR WIFE Julia Wolford			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Julia Wolford 1115 Tyler St			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic carcinoma of the right lung				INTERVAL BETWEEN ONSET AND DEATH 3 mo.	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES _____ DUE TO (b) _____ 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 checked="" 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? _____				162X	
22. I hereby certify that I attended the deceased from 12/31, 1951, to 1/17, 1952, that I last saw the deceased alive on 1/17, 1952, and that death occurred at 9:00 A.M., from the causes and on the date stated above.							
23a. SIGNATURE FR Bradley (Degree or title) M.D.				23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 2/11/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 2-13-52		24c. NAME OF CEMETERY OR CREMATORY Gillespie Cemetery		24d. LOCATION (City, town, or county) (State) Gillespie Ill	
DATE REC'D BY LOCAL REG. FEB 11 1952		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leidner U. Co 2223 St. Louis Ave.			

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 Me

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed W. Wilkinson

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.