

FILED FEB 11 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3969

State File No. 1019

318

1003

Registrar's No. 1019

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. _____				
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY St. Louis								
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St Louis			c. LENGTH OF STAY (In this place) 10 days			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gardenville 4810						
d. FULL NAME OF HOSPITAL OR INSTITUTION St Anthony Hospital				d. STREET ADDRESS (If rural, give location) 7980 Wolz								
3. NAME OF DECEASED (Type or Print) a. (First) Frederick			b. (Middle) _____			c. (Last) Wolz			4. DATE OF DEATH (Month) (Day) (Year) Jan 27, 1953			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Apr 14, 1876		9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired				10b. KIND OF BUSINESS OR INDUSTRY Carpenter		11. BIRTHPLACE (City and State or Foreign Country) Germany 4			12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Frederick Wolz				13b. MOTHER'S MAIDEN NAME Schmidt				14. NAME OF HUSBAND OR WIFE _____				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Myrtle Merckel			ADDRESS Rt 6 Box 43 Sappington Mo			
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, asthma, etc. It means the disease, injury, or complication which caused death.				<p>MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach</p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastasis to liver and DUE TO (c) ant. abdominal aorta</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>								INTERVAL BETWEEN ONSET AND DEATH not known
19a. DATE OF OPERATION 1-22-53		19b. MAJOR FINDINGS OF OPERATION Ca of Stomach metastasis to liver						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		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? 151X		
22. I hereby certify that I attended the deceased from 1-12-53 , to 1-27-53 , that I last saw the deceased alive on 1-27-53 , and that death occurred at 8:40A m., from the causes and on the date stated above.												
23a. SIGNATURE W. W. Roman				23b. ADDRESS MD. 9505 Travis				23c. DATE SIGNED 1-27-53				
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1/30/53		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) Afton, Mo.						
DATE REC'D BY LOCAL REG. JAN 28 1953		REGISTRAR'S SIGNATURE J. Cash Smith				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. L. Ziegenhein & Sons 7027 Gravois						

(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 Nevelle D. Frohwitter

Licensed Embalmer No. 3696

P. O. Address 7027

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.