

10.300
0.46

10.15 P.M.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4241

State File No.

BIRTH NO. 28974 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 0272

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY OR TOWN <u>VALLEY PARK</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON BARRACKS</u>	
c. LENGTH OF STAY (in this place) <u>21 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>1029 D. MILMER 4880</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CEDAR CROFT</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CYNTHIA</u> b. (Middle) <u>LYNN</u> c. (Last) <u>WOLFF</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 23 1953</u>		
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>NOV 30 1952</u>	9. AGE (In years last birthday) <u>1</u> Months <u>23</u> Days <u>0</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BABY</u>	11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BABY</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>SIDNEY JAMES WOLFF</u>	13b. MOTHER'S MAIDEN NAME <u>CYNTHIA BRAGG LOWREY</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Grace M. Bowditch Valley Park, Mo.</u>	ADDRESS <u>Valley Park, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital malformation of heart</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>DUE TO (b) Mongoloid</u> <u>DUE TO (c) Pyloric atresia (congenital)</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>3254</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 21st, 1953, to Jan 23rd, 1953, that I last saw the deceased alive on January 27 1953, and that death occurred at 10:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Palmer Duane Bowditch M.D.</u> (Degree or title)	23b. ADDRESS <u>5800 Arsenal St Louis Mo</u>	23c. DATE SIGNED <u>1-23-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN 26 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>
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DATE REC'D BY LOCAL REG. <u>1-24-53</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Drake</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. A. Backlage</u> ADDRESS <u>6536 Clayton St.</u>
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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.....

Not Embalmed

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *J. H. Booklage*
6536 Clayton Rd.
Licensed Embalmer No.

P. O. Address

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.