

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 8 1954

State File No. **7013**
Registrar's No. **1995**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis Mo		c. CITY OR TOWN St Louis	
c. LENGTH OF STAY (In this place) _____		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 323 Belt Ave		e. STREET ADDRESS (If rural, give location) 12. 323 Belt Ave 2129	
3. NAME OF DECEASED (Type or Print) a. (First) Winnie b. (Middle) W. c. (Last) Wolfheim		4. DATE OF DEATH (Month) (Day) (Year) 3 2 1954	
5. SEX F		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 1/22, 1886	
9. AGE (In years) (last birthday) 68		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo		12. CITIZEN OF WHAT COUNTRY? _____	

13a. FATHER'S NAME Fred Mayer		13b. MOTHER'S MAIDEN NAME Julia Haas		14. NAME OF HUSBAND OR WIFE Herman S. Wolfheim	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Herman S. Wolfheim ADDRESS _____	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH 8 mo	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Melanoma of eyeball		8 years	
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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 192X	

22. I hereby certify that I attended the deceased from 1947, 19 , to Mar 2, 1953, that I last saw the deceased alive on Mar 2, 1953, and that death occurred at 8:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE R. M. ... (Degree or title) MD		23b. ADDRESS 3701 Grandel St		23c. DATE SIGNED 3-3-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE 3/4/54		24c. NAME OF CEMETERY OR CREMATORY Mt Sinai		24d. LOCATION (City, town, or county) (State) St Louis County Mo	
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DATE REC'D BY LOCAL REG. MAR 3 1954		REGISTRAR'S SIGNATURE G. Earl Smith MD		FUNERAL DIRECTOR'S SIGNATURE Mayer ADDRESS 4356 Lindell	
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J. W. Bentley*.....
Licensed Embalmer No. *36*.....
P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.