

FILED APR 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14156

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 54L Registrar's No. 788

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLAYTON
c. LENGTH OF STAY (in this place) D.O.A.
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. LOUIS-COUNTY HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY ST. LOUIS
c. CITY OR TOWN MAPLEWOOD #524
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) 7661 RANNELLS

3. NAME OF DECEASED
a. (First) MARY b. (Middle) LOUISE c. (Last) WOLFF

4. DATE OF DEATH (Month) (Day) (Year) 4 5 55

5. SEX F 6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER-MARRIED

8. DATE OF BIRTH 12-10-42

9. AGE (In years last birthday) 12 IF UNDER 1 YEAR Months 3 Days 26 IF UNDER 2 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT

10b. KIND OF BUSINESS OR INDUSTRY SCHOOL

11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MO

12. COUNTRY OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME HENRY - WOLFF

13b. MOTHER'S MAIDEN NAME LOUISE - WINTER FELD

14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS HENRY WOLFF 7661 RANNELLS AVE

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) Skull fracture, brain damage and hemorrhage, suffered while she was a passenger in a school bus, when the deceased leaned out of an open window, DUE TO (c) her head striking a utility pole.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Bus

21c. (CITY, TOWN, OR TOWNSHIP) 8247 33 (COUNTY) (STATE) Maplewood 126 St. Louis Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4/5/55 4:20P m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? Stuck head out of window of school bus, her head striking a utility pole.

22. I hereby certify that I attended the deceased from 8:15 to 9:15 and that death occurred at 9:15 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ernest J. Willmann Coroner

23b. ADDRESS Clayton, Mo.

23c. DATE SIGNED 4/7/55

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 4-9-55

24c. NAME OF CEMETERY OR CREMATORY OUR REDEEMER CEM.

24d. LOCATION (City, town, or county) (State) ST. LOUIS MO

DATE REC'D BY LOCAL REG. 4/6/55 REGISTER'S SIGNATURE Heather K. ...

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 4-B. SMITH - MAPLEWOOD 17 - MO.

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.....

Licensed Embalmer No. *452*

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.