

No. 300  
10.48  
FILED JUN 7 1955THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17274

BIRTH NO. 12133-55 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1235

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ste. Genevieve			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Richmond Heights		c. LENGTH OF STAY (in this place) 5 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ste. Genevieve		d. STREET ADDRESS (If rural, give location) 264 No. 3rd St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital				4. DATE OF DEATH (Month) (Day) (Year) MAY 28 1955			
3. NAME OF DECEASED (Type or Print) DANIEL		a. (First) b. (Middle) Herbert		c. (Last) WOLK		4. DATE OF DEATH (Month) (Day) (Year) MAY 28 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Never Married		8. DATE OF BIRTH Feb. 28, 1955	
9. AGE (In years last birthday) 3		10. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Ste. Genevieve, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Ste. Genevieve, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Amos F. Wolk			13b. MOTHER'S MAIDEN NAME Margaret Boxer			14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Amos F. Wolk, Ste. Genevieve, 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumococcal meningitis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Otitis media, acute, left DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 days 10 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 391.0				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 25, 1955, to May 28, 1955, that I last saw the deceased alive on May 28, 1955, and that death occurred at 12:50 AM, from the causes and on the date stated above.							
23a. SIGNATURE James O'Neil M.D. (Degree or title)				23b. ADDRESS 1325 S. Grand Ave.		23c. DATE SIGNED 5/31/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-29-55		24c. NAME OF CEMETERY OR CREMATORY Valley Springs		24d. LOCATION (City, town, or county) (State) Ste. Genevieve, Mo.	
DATE REC'D BY LOCAL REG. 5/31/55		REGISTRAR'S SIGNATURE Herbert R. Demko, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 7 1920

**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

*John J. Haines*

Licensed Embalmer No. 4108

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.