

FILED NOV 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35305

State File No. _____

318

1003

9142

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|--|---------------------------|--|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> | | c. LENGTH OF STAY at this place <u>9 hrs</u> | | c. CITY OR TOWN <u>St. Louis</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>9</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u> | | | | e. STREET ADDRESS (If rural, give location) <u>25 1205 No. 7th Street</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Lewis</u> | | b. (Middle) _____ | | c. (Last) <u>Woolfolk</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>10/18/55</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u> | 8. DATE OF BIRTH <u>12/12/1865</u> | | 9. AGE (In years last birthday) <u>89</u> | if UNDER 1 YEAR Months <u>10</u> Days <u>6</u> | if UNDER 24 HRS. Hour _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Kentucky</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> | |
| 13a. FATHER'S NAME <u>Robert L. Woolfolk</u> | | | 13b. MOTHER'S MAIDEN NAME _____ | | 14. NAME OF HUSBAND OR WIFE <u>Josephine</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J. Woolfolk</u> | | ADDRESS <u>1205 No. 7th</u> | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerotic Heart Disease; Generalized</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) <u>Arterio Sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERNAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>420-0</u> | | | | 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) _____ | | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:40 P.</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Type or Print) <u>Patrick C. Taylor</u> | | | | 23b. ADDRESS <u>Carver 1300 Clark</u> | | 23c. DATE SIGNED <u>10.20.56.</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>10/21/55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>OCT 20 1955</u> | | REGISTRAR'S SIGNATURE <u>J. Earl Smith</u> | | FUNERAL DIRECTOR'S SIGNATURE <u>J. A. Howard</u> | | ADDRESS <u>1619 So. Grand</u> | |

302 (Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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 *Elton H. Panelius*

Licensed Embalmer No... *428*

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.