

FILED NOV 10 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35590**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **319** PRIMARY REG. DIST. NO. **500** Registrar's No. **2387**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. CITY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Robertson</b>		c. LENGTH OF STAY (In this place) <b>4 yrs.</b>	c. CITY OR TOWN <b>Robertson</b> <b>407 0</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>152 Fairview St.</b>		e. STREET ADDRESS (If rural, give location) <b>152 Fairview St</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>WILLA</b>	b. (Middle) <b>PEARL</b>	c. (Last) <b>WOOLFOLK</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 13 1955</b>
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5. SEX <b>Female</b>	6. COLOR (OR RACE) <b>Col</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 25 1917</b>	9. AGE (In years last birthday) <b>38</b>	if UNDER 1 YEAR Months <b>2</b> Days <b>18</b>	if UNDER 24 HRS. Hours <b></b> Mins. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>OPERATOR</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Dept. Store</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Virgil Brack</b>	13b. MOTHER'S MAIDEN NAME <b>Annie Scott</b>	14. NAME OF HUSBAND OR WIFE <b>Owen Woolfolk</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>495-18-4425</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Owen Woolfolk</b>	ADDRESS <b>152 Fairview</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 yrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Rt Breast</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>77515</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Previous Rt Radial mast</b>			

19a. DATE OF OPERATION <b>Feb 55</b>	19b. MAJOR FINDINGS OF OPERATION <b>Subtotal removed betwng for metastatic ca 170x</b>	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)	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 **March 1955** to **Oct 12 1955**, that I last saw the deceased alive on **Oct 12 1955**, and that death occurred at **3:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Subscribed &amp; sworn to me</b>	(Degree or title)	23b. ADDRESS <b>Graves Hospital</b>	23c. DATE SIGNED <b>10-14-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct. 18, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>National</b>	24d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>10/17/55</b>	REGISTRAR'S SIGNATURE <b>Richard R. Dangle</b>	FUNERAL DIRECTOR'S SIGNATURE <b>H. Randle &amp; Son</b>	ADDRESS <b>3133 Bell Avenue</b>
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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 *S. J. Watson*.....

Licensed Embalmer No. *269*

P. O. Address *2769 Ch*

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.