

FILED DEC 2 1955

## STANDARD CERTIFICATE OF DEATH

State File No. 39065

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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 <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>Saint Louis</b>		d. Is Residence within limits of a city of incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2632 So 59th Street</b>				e. STREET ADDRESS (If rural, give location) <b>3 2632 South 59th Street 20390</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Robert</b>		b. (Middle) <b>Phelps</b>		c. (Last) <b>Wollard</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>11 20 1955</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Marries</b>	8. DATE OF BIRTH <b>3-21-1877</b>		9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>29</b>	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Accountant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Swift &amp; Co.,</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Dallas County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Nathaniel J Wollard</b>		13b. MOTHER'S MAIDEN NAME <b>Ailce Randles</b>		14. NAME OF HUSBAND OR WIFE <b>Sammie Thorn Wollard</b>			
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>488 01 0890A</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Sammie Wollard 2632 So 59th Street</b>			
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) <b>Purulent Bronchitis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Myocarditis</b> DUE TO (c) <b>Senility</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>18 hrs.</b> <b>Many yrs.</b>	
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) <b>422.2</b>			
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? _____			
22. I hereby certify that I attended the deceased from <b>May</b> , 1944, to <b>Nov. 20</b> , 1955, that I last saw the deceased alive on <b>Nov. 20</b> , 1955, and that death occurred at <b>4:00 AM</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Alfred M. Jangenschon M.D.</b>				23b. ADDRESS <b>6200 Hoffmeister Ave</b>		23c. DATE SIGNED <b>Nov. 21/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-23-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis Co, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>NOV 21 1955</b>		REGISTRAR'S SIGNATURE <b>Charles Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Hoffmeister Colonial Mortuary</b>		ADDRESS <b>6661 Chippewa St St Louis, Missouri</b>	

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

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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.....  
*Lewis C. Hoffmann*

Licensed Embalmer No. 387

P. O. Address 7814 S. 6

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.