

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29356

FILED AUG 24 1956

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State File No. 6639

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registered No. _____	
1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS c. LENGTH OF STAY (in this place) 18 days d. FULL NAME OF HOSPITAL OR INSTITUTION DE PAUL HOSPITAL				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY _____ c. CITY OR TOWN SPRINGFIELD d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 1216 LIVINGSTONE 87208			
3. NAME OF DECEASED (Type or Print) a. (First) PAULINE b. (Middle) c. (Last) WOLFE			4. DATE OF DEATH 7-14-56 (Month) (Day) (Year)				
5. SEX female		6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH 4-13-1920		9. AGE (In years last birthday) 36 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) advertising dept.			10b. KIND OF BUSINESS OR INDUSTRY Telephone Co.	11. BIRTHPLACE (City and State or Foreign Country) West Frankfort, Ill.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Jos. Wolfe		13b. MOTHER'S MAIDEN NAME Nellie Uranus		14. NAME OF HUSBAND OR WIFE unknown			
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. unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jos. Wolfe, Wellsville, Ill.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH 2 hrs
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intra cerebral aneurysm					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Atherosclerosis Hemorrhage.					
19a. DATE OF OPERATION 6/30/56		19b. MAJOR FINDINGS OF OPERATION Intra cerebral aneurysm 330X					20. AUTOPSY? YES <input 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)		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 6/28, 1956, to 7/14, 1956, that I last saw the deceased alive on 7/13, 1956, and that death occurred at 12:30 AM, from the causes and on the date stated above.							
23a. SIGNATURE C. A. Smith (Degree or title)					23b. ADDRESS Box 1209		23c. DATE SIGNED 7/16/56
24a. BURIAL-CREMA-TION, REMOVAL (Specify) removal		24b. DATE 7-15-56	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Steeleville, Ill.		
DATE REC'D BY LOCAL REG. JUL 16 1956		REGISTRAR'S SIGNATURE C. A. Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schaack, Steeleville, Ill.			

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 *W E Morris*.....

Licensed Embalmer No. *336*.....

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.