

alth,
elfare
blic
rvice

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-016628

STATE FILE NUMBER

3978

FILED MAY 12 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

00
57

7409

Part I

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kirkwood 4790
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Saint Louis Maternity		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 27 400 Attuck

3. NAME OF DECEASED (Type or print) First Middle Last Woolfolk			4. DATE OF DEATH Month Day Year April 2 1958		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4-2-1958	9. AGE (In years last birthday)	IF UNDER 24 HRS. Months Days Hours Min. 1 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis Missouri	12. CITIZEN OF WHAT COUNTRY? -	

13a. FATHER'S NAME Martin Luther Woolfolk		13b. MOTHER'S MAIDEN NAME Corinne Jolly		14. NAME OF HUSBAND OR WIFE -	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. -	17. INFORMANT Corinne Woolfolk Address Above		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) age of gestation incompatible in life (18 weeks gestation)			INTERVAL BETWEEN ONSET AND DEATH 1 hr 25 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)		776x
	DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.				
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE

21. I attended the deceased from April 2 1958 to April 2 1958 and last saw him alive on April 2 1958	
Death occurred at 4:30 A M m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE James K. Manchester M.D.	22b. ADDRESS St. Louis Maternity Hospital
	22c. DATE SIGNED 4-4-58

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 4-30-58	23c. NAME OF CEMETERY OR CREMATORY Anatomical Board	23d. LOCATION (City, town, or county) St. Louis, Mo.
24. FUNERAL DIRECTOR Rawland - Akew 410 Manchester		25. DATE RECD. BY LOCAL REG. APR 10 '58	26. REGISTRAR'S SIGNATURE Carl Smith MS

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

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

Licensed Embalmer No.....

P. O. Address.....

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.