S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 58-034849

FILED SEP 22 1958

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8686

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis
c. LENGTH OF STAY (in this place) 15 yrs
c. CITY OR TOWN St Louis
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home 2930 Dickson, St 2214
e. STREET ADDRESS (If rural, give location) 2930 Dickson St

3. NAME OF DECEASED (Type or Print) a. (First) Annie b. (Middle) c. (Last) Wofford
4. DATE OF DEATH (Month) (Day) (Year) 9-7-58

5. SEX F. 3
6. COLOR OR RACE Col.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2
8. DATE OF BIRTH 4-19-1893
9. AGE (In years last birthday) 65 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) House work
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and State or Foreign Country) Ripley Tenn. 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Manne
13b. MOTHER'S MAIDEN NAME Emmer Johnson
14. NAME OF HUSBAND OR WIFE Judge Wofford Dead

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Lena Simmons ADDRESS 1021 Leonard ave

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Vavular Heart Disease (Senility)

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. 421.4

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? 2 YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 8-58, 19__, *to* Sept 7, 1958, *that I last saw the deceased alive on* Sept 6, 1958, *and that death occurred at* 8:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE J. W. Wilkerson (Degree or title) M.D.
23b. ADDRESS 4141 Page Blvd
23c. DATE SIGNED Sep 8-58

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 9-12-58
24c. NAME OF CEMETERY OR CREMATORY Father Dickson County
24d. LOCATION (City, town, or county) (State) Mo

DATE REC'D BY LOCAL REG. SEP 8 '58
REGISTRAR'S SIGNATURE J. Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE Gus Lowe ADDRESS 2930 Dickson, St

(Licensed Embalmer's Statement on Reverse Side)

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 embaln

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Leroy H. Bannist

Licensed Embalmer No. 452

P. O. Address 4251 Nash

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.