

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

ED VS JAN 25 1961

318

1003

349-31-003840

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Franklin			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			Length of stay in lb		c. CITY OR TOWN St. Clair		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R. R. #1 Box 126A		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ALBERT Middle B. Last WOLZ				4. DATE OF DEATH Month Jan. Day 10 Year 1961			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-28-1898	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician (Retired) N.Y. Central R.R.Co.			10b. KIND OF BUSINESS OR INDUSTRY St. Louis, Mo.		11. BIRTHPLACE (City and state or country) U.S.A.		
13a. FATHER'S NAME Phillips Wolz			13b. MOTHER'S MAIDEN NAME Anna Louemberger		14. NAME OF HUSBAND OR WIFE Dorothy F. Wolz		
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. None		17. INFORMANT Dorothy F. Wolz R.R.#1 Box 126A		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Congestive heart failure						3 years	
DUE TO (b) Aortic stenosis and insufficiency and mitral stenosis						unknown	
DUE TO (c) Rheumatic heart disease						unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Pulmonary emphysema due to unknown cause							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 410 X					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 Jan 2, 1961 to Jan 10, 1961 and last saw her/him alive on Jan 10, 1961 Death occurred at: 12:00 noon on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Andrew J. Frisvold M.D.			22b. ADDRESS 307 S. Euclid; St. Louis Mo		22c. DATE SIGNED Jan 11, 1961		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Jan. 13, 1961	23c. NAME OF CEMETERY OR CREMATORY Laurell Hill Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		
24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway Blvd.			25. DATE RECD. BY LOCAL REG. JAN 12 1961		26. REGISTRAR'S SIGNATURE Loan Smith M.D.		

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 R. W. Stovesend

Licensed Embalmer No. 4007

P. O. Address St. Louis, Mo.

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.