

COURT DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-035142

318

1003

8394

STATE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No.

FILED SEP 18 1961

AMENDED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			Length of stay in 1b		c. CITY OR TOWN Affton		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 9912 Arv-Allen Dr.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last FLORIAN WOLZ				4. DATE OF DEATH Month Day Year September 7 1961			
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/12/1873	9. AGE (last birthday) 88	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Germany		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Frederick Wolz			13b. MOTHER'S MAIDEN NAME Genevieve Schmidt			14. NAME OF HUSBAND OR WIFE Mamie	
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 Address F. Robert Wolz 4747 Stone			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Intestinal obstruction</u>							INTERVAL BETWEEN ONSET AND DEATH 3 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) <u>Incarcerated right inguinal hernia</u>				"
			DUE TO (c) <u>5610</u>				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) <u>Broncho-pneumonia - cardiac decompensation</u>					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		
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 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 <u>1958</u> , to <u>Sept 7 1961</u> and last saw <u>him</u> alive on <u>7 Sept 1961</u> Death occurred at <u>7:40 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Reg'd Schmeiner M.D.</u>				22b. ADDRESS <u>6817 Gravois - St. Louis Mo</u>		22c. DATE SIGNED <u>9/8/61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 9/9/1961	23c. NAME OF CEMETERY OR CREMATORY New St Marcus Cemetery		23d. LOCATION (City, town, or county) St. Louis County, Mo.		
24. FUNERAL DIRECTOR ADDRESS John L Ziegenhein & Sons 7027 Gravois				25. DATE RECD. BY LOCAL REG. SEP 9 1961		26. REGISTRAR'S SIGNATURE <u>Earl Smith M.D.</u>	

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

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 Donald E. Benz

Licensed Embalmer No. 463

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.