MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-021184
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5166

FILED MAY 31 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY

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

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, — Length of stay in 1b

c. CITY OR TOWN St. Louis, — Inside Limits Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3751 Weber Rd. — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 3751 Weber Rd, — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Alois Middle L. Last Wolk

4. DATE OF DEATH Month Day Year May 20, 1962

5. SEX Male.

6. COLOR OR RACE White,

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 7/5/1913

9. AGE (last birthday) 48 — 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) Carpenter

10b. KIND OF BUSINESS OR INDUSTRY Wolk Constr. Co.

11. BIRTHPLACE (City and state or country) St. Louis, Missouri,

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Charles J. Wolk,

13b. MOTHER'S MAIDEN NAME Elizabeth Mundy,

14. NAME OF HUSBAND OR WIFE Norma L. Wolk,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW-2

16. SOCIAL SECURITY NO.

17. INFORMANT Address Norma L. Wolk, 3751 Weber Rd. St. Louis, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinoma of Colon — INTERVAL BETWEEN ONSET AND DEATH [illegible]

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Internal Hemorrhage — Twelve

DUE TO (c) 153.8

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 January 1962, to and last saw her/him alive on May 20/62.
Death occurred at 7:15 A.M. m on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title) [illegible] MD

22b. ADDRESS 4724 [illegible]

22c. DATE SIGNED MAY 22 1962

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal.

23b. DATE 5/23/62

23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery,

23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri,

24. FUNERAL DIRECTOR ADDRESS Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, Missouri.

25. DATE RECD. BY LOCAL REG. MAY 22 1962

26. REGISTRAR'S SIGNATURE Carl 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 me, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joe B. Berry

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St., St. Louis, 18, 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.