N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D APR 12 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

731
1003

8218
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 7

(b) Township ..... Primary Registration District No. ..... Registered No. 1983

(c) City St. Louis (d) Street No. U. S. Marine Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 415 Ernest C. Wolfing

(a) Residence, No. ..... St. NR Woodlawn, Illinois
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF - - - - -

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 24, 1895

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	43	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as saw mill, bank, etc. W.P.A.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Balti
(STATE OR COUNTRY) Maryland

FATHER

13. NAME Ernest A. Wolfing

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Ernest A. Wolfing-Father
(ADDRESS) Woodlawn, Illinois

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashley, Illinois DATE March 3, 1939

19. FUNERAL DIRECTOR C. Hoffmeister U. & L. Co.
(ADDRESS) 7814 S. Broadway, St. Louis, Mo.

20. FILED MAR 2 1939 J. F. Budeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw him ..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1:00 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Lobar Pneumonia, Pleurisy with effusion, Fibrinous Pericarditis, Cystitis with ascending pyelonephrosis, following injuries sustained about March 22nd 1938, at Dix,

Other contributory causes of importance:
Illinois, while deceased was working on a W.P.A. Project. Exact time and manner of receiving injuries could not be determined.

Name of operation OPEN VERDICT Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify .....

(Signed) Alfred Perry, M. D.

(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Linus C. Hoffmeister, Licensed Embalmer No. 3871

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Linus Hoffmeister

Licensed Embalmer No. 3871

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)