No. 2
13-40
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FILED DEC 11 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39664

Registration District No. 780 Primary Registration District No. 4466 Registrar's No. 64

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Ste. Genevieve
(b) City or town Ste. Genevieve
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Life 2
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Ste. Gen.
(c) City ~~or town~~ Ste. Genevieve
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME THERESA WOLK
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife John Wolk
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Sept (Month) 1 (Day) 1859 (Year)

8. AGE: Years	Months	Days	If less than one day
81	2	29	hr. min.

9. Birthplace Ste. Genevieve Co (City, town, or county) Missouri (State or foreign country)
10. Usual occupation at home 0
11. Industry or business
FATHER
12. Name Anton Pfaff 6
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Louise Colmer
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Ida Hamilton
(b) Address Ste. Genevieve Mo
17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 12 (Month) 3 (Day) 40 (Year)
(c) Place: burial or cremation Ste. Genevieve Mo
18. (a) Signature of funeral director Leo C. Basler
(b) Address Ste. Genevieve Mo
19. (a) Dec 1 - 1940 (Date received local registrar) (b) T. W. Douglas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30
year 1940 hour 11 minute 30 P. M.
21. I hereby certify that I attended the deceased from
—, 1934, to Nov. 30, 1940
that I last saw her alive on Nov 30, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Cardiac Dilatation	
Arterial Hypertension	15 yrs
Due to Chronic Myocarditis	
Ch. nephritis	
Due to Ovarian Cyst - secondary	15 yrs
Anemia	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other) MD
Address Ste. Genevieve Mo Date signed 11-30-40

(Licensed Embalmer's Statement on Reverse Side)

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 Leo C. Basler, Registered Apprentice No. ..... working under my personal supervision.

Signed Leo C. Basler

Licensed Embalmer No. 1985

P. O. Address Ste Genevieve

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

If this body is not embalmed, fact should be so stated above.