

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 862

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(c) Name of hospital or institution: St. Mary's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 wks.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Julia Marie Wolfe

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Robert Wolfe 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased July 17, 1901
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>39</u>	<u>9</u>	<u>3</u>	hr. min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Bernhard Thomas

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Emma Sieving

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Wolfe

(b) Address 5023 Exeter

17. (a) Burial (b) Date thereof 4-23-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perryville, MO.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 1456 Manchester

19. (a) APR 21 1941 (b) T. R. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 5023 Exeter
(If rural, give location)
(e) If foreign born, how long in U. S. A? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20
year 1941 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from JAN 1, 1941 to APRIL 20, 1941;
that I last saw her alive on APRIL 20, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death SUBACUTE BACTERIAL ENDOCARDITIS
Duration UNCERTAIN

Due to STREPTOCOCCUS VIRIDANS UNCERTAIN

Due to _____

Other conditions g.j.w.
(Include pregnancy within 3 months of death)

Major findings: Of operations NONE PHYSICIAN _____

Of autopsy VEGETATIONS OF MITRAL & AORTIC VALVES - INFARCTS OF SPLEEN, KIDNEYS - GENL. ANAEMIA
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) NO
(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?

While at work? (Specify type of place) (a) Means of injury _____

23. Signature Henry L. Oppenheimer (M. D. or other) MD
Address 6420 CLAYTON AVE Date signed 4-20-41

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

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed..... *W. E. Burgess*

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

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 this body is not embalmed, above space should be left blank.