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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. **2709**

FILED APR 13 1942

Registration District No. **791** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 Mo. 10 Days**
(Specify whether

In this community.....
years, months or days)

3. (a) PRINT FULL NAME **Theodore Jay Wolfley**

3. (b) If veteran, name war.....
None

3. (c) Social Security No. **None**

4. Sex **M.** Color or race **W.**

5. Color or race **W.**

6. (a) Single, widowed, married, divorced **W.**

6. (b) Name of husband or wife **Elizabeth Wolfley**

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **Dec. 28th., 1862**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	2	27	hr. min.

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

10. Usual occupation **Investment Broker**

11. Industry or business.....

MOTHER FATHER { 12. Name **Unknown**

{ 13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Unknown**

{ 15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **J. E. Roderick**

(b) Address **Wetmore, Kansas**

17. (a) **Removal** (b) Date thereof **3-26-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wetmore, Kansas**

18. (a) Signature of funeral director **Arthur J. Donnelly**

(b) Address **3840 Lindell Blvd.**

19. (a) **MAR 26 1942** (b) **J. E. Brodock**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **11**
(If outside city or town limits, write "RURAL")

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **Ozanam Shelter**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **25**
 year **1942** hour **11:15** minute **A.** M.

21. I hereby certify that I attended the deceased from **February**
15, 19**42**, to **March 25**, 19**42**;
 that I last saw him alive on **March 25**, 19**42**;
 and that death occurred on the date and hour stated above.

Immediate cause of death:
**Generalized arteriosclerosis
 & malnutrition**

Due to.....

Due to.....

Other conditions:
(Include pregnancy within 3 months of death)

97

PHYSICIAN

Major findings:
 Of operations.....

Of autopsy **Not done**

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?

23. Signature **Geo. Wade** (M. D. or other)
 Address **151 Lafayette Avenue** Date signed **3/25/42**

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

Stanley Marshall

Licensed Embalmer No.

2868

P. O. Address

3840 Russell Pl

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, fact should be so stated above.