

FILED APR 27 1942
Registration District No. 184

Primary Registration District No. 200

Registrar's No. 861

1. PLACE OF DEATH:

(a) County St. Louis.
(b) City or town Mary Ridge.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3458 Eastridge Lane./
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Carrie E. Wolfrom.

3. (b) If veteran, name war None 3. (c) Social Security No. None.

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

6. (b) Name of husband or wife William F. Wolfrom. 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased November 4 1878.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 5 13 hr. min.

9. Birthplace Matamora Illinois!
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business _____

12. Name Julius Walther.

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

14. Maiden name Caroline Fries
15. Birthplace Washington Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant William F Wolfrom.

(b) Address 38 Glen Eagle Drive.

17. (a) Burial (b) Date thereof April 20 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Park Cemetery

18. (a) Signature of funeral director Geo L. Pleitsch Inc

(b) Address 5966 Easton Ave.

19. (a) APR 18 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Mary Ridge.
(If outside city or town limits, write "RURAL")
(d) Street No. 38 Glen Eagle Drive.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1942 hour 10 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes. Duration _____

Due to Arteriosclerosis of the coronary arteries.

Due to _____

Other conditions [Signature]
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Yes.

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 5

23. Signature Louis H. Bapp (M.D. or other) _____

Address Kirkwood, Mo. 4/18/42 Date signed _____

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 3454

David C. Gibson, Registered Apprentice No. _____,
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5766 Easton St

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.