

FILED

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11579

State File No. _____

Registration District No. 784

Primary Registration District No. 109

Registrar's No. 611

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Maplewood Nursing Home
(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)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis
 (c) City or town Maplewood
(If outside city or town limits, write "RURAL")
 (d) Street No. 3437 Oxford Ave.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ABNER N. WOLFE

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

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

6. (b) Name of husband or wife Jennie Wolfe 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Sept. 7th. 1865
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Wolf's Store Pa.
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

12. Name John Wolfe

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

14. Maiden name Rebecca Garrett

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

16. (a) Informant John Wolfe

(b) Address 3437 Oxford

17. (a) Burial (b) Date thereof Tues Mar. 16 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

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

(b) Address 7456 Manchester, Maplewood Mo.

19. MAR 16 1943 (Date received local registrar) E. M. Curran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 13th
 year 1943 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from 3 - 4 1943 to 3 - 13 1943.
 that I last saw him alive on 3 - 12 - 43, 1943;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage & d.c.

Due to Chr. myo & cardiac

Due to Chr. nephritis

Other conditions Arterio-sclerosis
(Include pregnancy within 3 months of death) General

Major findings: Of operations _____

Of autopsy 131P

Duration _____
 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 _____

23. Signature Carl E. Spector (M. D. or other)

Address Webster Brown Date signed 3-13-43

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

MOTHER FATHER

404
0/43

707

MAR 30 1943

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.....

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, fact should be so stated above.