

Registration District No. 13

Primary Registration District No. 1007

Registrar's No.

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Children's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community 10 years 23 days (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town Crystal City
(If outside city or town limits, write "RURAL")
(d) Street No. 210 Jefferson Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME

PATRICIA MAE WOLK

3. (b) If veteran.

3. (c) Social Security

name war

No.

4. Sex

female

5. Color or race

white

6. (a) Single, widowed, married,

divorced 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive 8 22 33 years

7. Birth date of deceased.

8 22 33
(Month) (Day) (Year)

8. AGE:

Years

Months

Day

If less than one day

9

12

8

11

hr. min.

9. Birthplace

Missouri Crystal City
(City, town, or county) (State or foreign country)

10. Usual occupation

School Head

11. Industry or business

School Head

12. Name

Frank X. Wolk

13. Birthplace

Mo.
(City, town, or county) (State or foreign country)

14. Maiden name

Rosa Miller
(City, town, or county) (State or foreign country)

15. Birthplace

Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant

William Jolly

(b) Address

500 S. Kirksholman

17. (a) Burial

Crystal City, Mo.
(Date, cremation, or removal) (City or town) (County) (State)

(c) Place: burial or cremation

Crystal City, Mo.

18. (a) Signature of funeral director

Georgette P. Peltz

(b) Address

Crystal City, Mo.

19. (a) MAY 2 1943

Georgette P. Peltz
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1943 hour 2:00 minute A. M.

21. I hereby certify that I attended the deceased from Apr 29
1943 to May 2 1943
that I last saw her alive on May 2 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Brown blood, left temporal lobe
Duration 2 weeks

Due to cause not
Due to ascertained

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

Major findings:
Of operations

Of autopsy as above

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

Signature Dr. Barrett (M. D. or other)
Address Children's Hosp. Date signed 5/4/43

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.....

Georg R. Pelitte

Licensed Embalmer No.....

3481

P. O. Address.....

Crystal City Md

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.