

FILED DEC 17 1943
Registration District No. 17

Primary Registration District No. 3016

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

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
203 Cherry Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 32 Years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 11
(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 203 Cherry Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Caesar Wollman
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Lillian Wollman 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 13th, 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 7 15 hr. _____ min.

9. Birthplace Brooklyn, N.Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Book-keeper Tire Shop

11. Industry or business _____
12. Name David Wollman
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Pauline Samuels
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Jerome Wollman
(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Nov-30-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director John J. Gordon
(b) Address Jefferson City, Missouri

19. (a) 11-29-43 (b) W. W. Richter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 28
year 1943 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from 1939
_____, 19____, to Nov. 26, 1943
and that I last saw him alive on Nov. 26, 1943.

Immediate cause of death _____
Coronary Artery Disease

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death) 94a

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____

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 R. W. [Signature] (M. D. or other) Int.
Address Jefferson City, Mo. Date signed 11-29-43

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

Louis Quest

Licensed Embalmer No.

4096

P. O. Address

Jefferson City Mo

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.