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5-43  
7-39  
X36671

State File No. ....

Registration District No. 3047

Primary Registration District No. 6076

Registrar's No. 814

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Sappington  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
8 Fox Meadows  
(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 Missouri (b) County St. Louis **96**

(c) City or town Sappington **96**  
(If outside city or town limits, write "RURAL") **9**

(d) Street No. 8 Fox Meadows  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) **0**  
If yes, name country.....

3. (a) ~~PRINT~~ FULL NAME Elizabeth Wolfsberger

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

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

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

7. Birth date of deceased October 1 1859  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3  
year 1944 hour 7:30 minute a. M.

21. I hereby certify that I attended the deceased from Dec. 17  
1944, to April 3, 1944

that I last saw her alive on April 3, 1944  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

84	6	2	hr. min.
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Immediate cause of death Hypertension  
Cardio Vascular Disease **10 year**

Due to Hypertension and  
Arterio Sclerosis **10 year**

Due to.....

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

9. Birthplace Kirkwood, Missouri **0**  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Henry Menke

{ 13. Birthplace Unknown Germany **4**  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Unknown

{ 15. Birthplace Unknown Unknown **9**  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations..... **930**

Of autopsy.....

Underline the cause to which death should be charged statistically.

16. (a) Informant Henry Wolfsberger

(b) Address 8 Fox Meadows, Sappington, MO.

17. (a) Burial (b) Date thereof 4, 5, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

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

(b) Address 7456 Manchester

19. (a) APR 5 - 1944 (b) E. J. Mc Loren, M.D.  
(Date received local registrar) (Registrar's signature)

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 Truster G. Dill (M. D. or other) M.D.  
Address 7346 A Manchester Date signed 4-4-44  
Maplewood, Mo

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

*Dr. Dill.*

**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

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*David C. Gibson*

Licensed Embalmer No.

3454

P. O. Address

7456 Manchester

**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.