

No. 2
OM-1/47
Rev. 5-17-39

National Office of Vital Statistics
FILED July 27 1947
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... St. Louis, Missouri.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City 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.....
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 0-0
 (c) City or town..... St. Louis 17
 (If outside city or town limits, write "RURAL")
 (d) Street No. 10 4236a Labadie Ave 9
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME..... GEORGE WOLFRAM
 3. (b) If veteran, name war..... None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... June day..... 15th
 year..... 1947 hour..... 9:45 minute..... P M.....
 21. I hereby certify that I attended the deceased from 5/7/47
, 19....., to June 15th, 1947;
 that I last saw him in alive on June 15th, 1947,
 and that death occurred on the date and hour stated above.

4. Sex..... Male 5. Color of race..... White
 6. (a) Single, widowed, married, divorced..... Married
 6. (b) Name of husband or wife..... Lena 6. (c) Age of husband or wife if
Kubish Wolfram alive..... 73 years
 7. Birth date of deceased..... February 2, 1870
 (Month) (Day) (Year)

Immediate cause of death.....
Carcinoma anastomy
nasal sinuses & cerebral
metastases 1 year

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

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>4</u>	<u>13</u>	hr. min.

9. Birthplace..... Manchester Mo. 0
 (City, town, or county) (State or foreign country)
 10. Usual occupation..... Cabinet worker

11. Industry or business.....
 12. Name..... Charles Wolfram 4
 13. Birthplace..... Unknown Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name..... Elizabeth Umbach
 15. Birthplace..... Unknown Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs Josephine M. Kreft
 (b) Address..... 4236a Labadie Ave
 17. (a) Burial (b) Date thereof..... 6/18/47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Bethany Cemetery
 18. (a) Signature of funeral director..... Math Hermann & Son, Inc.
 (b) Address..... 2161 East Fair Ave
 19. (a) J. Z. Lucido (b) J. Z. Lucido
 (Date received local registrar) (Registrar's signature)

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?..... (Specify type of place)
 While at work?..... (e) Means of injury.....
 Signature..... Joseph L. Lucido (M. D. or other)
 Address..... 1515 L. Fayette 6/16/47
 Date signed.....

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

Gustav W. Dietrich

Licensed Embalmer No.

4329

P. O. Address

St. Louis, 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.