

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23031

FILED JUL 7 1947

State File No. 0

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 1356

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Enroute to St. L. County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME WILLIAM LEE WOLFINBARGER

3. (b) If veteran, name war nil

3. (c) Social Security No. _____

4. Sex M race W

5. Color or _____

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Opal

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased May 8, 1916
(Month) (Day) (Year)

8. AGE: Years Months Days

31	1	12	_____
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If less than one day _____ hr. _____ min.

9. Birthplace Carterville, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER

12. Name Lee Wolfinbarger

13. Birthplace Carterville, Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Etta Berry

15. Birthplace Carterville, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Opal Osborne

(b) Address 2133a Geyer Avenue

17. (a) burial (b) Date thereof 6-24-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director A.W. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) 6-25-47 (b) Cecilia J. Shappert
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-00

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1812a Lafayette Avenue
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20th
year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death fractured skull when struck by a Dixie Greyhound Bus while in the road. Duration

Due to _____

Due to _____

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

Major findings:
Of operations _____

NO TOXIC

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) Accident

(b) Date of occurrence June 20th, 1947.

(c) Where did injury occur? St. Louis County, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Road.

While at work? _____ Means of injury Blunt impact

3. Signature Arnold J. Willmann Coroner 3
Address Clayton, Mo. EX R. 10309
Date signed 6/23/47

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

Coroner

St. L. County

MAY 18 1948

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..... *L R Cooper*

Licensed Embalmer No. *13633*

P. O. Address *2301 Lafayette*

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.