

FILED SEP 4 1948

Registration District No. ....

Primary Registration District No. ....

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:  
Pronounced dead at 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 51  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

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

(d) Street No. 4203 Pleasant St.  
(If rural, give location)

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

3. (a) PRINT FULL NAME Willard J. Wolfe

3. (b) If veteran, name war World War #1

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 24  
year 1947 hour..... minute 4 M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife..... Margaret Wolfe

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

7. Birth date of deceased Sept. 7 1895  
(Month) (Day) (Year)

that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death:  
Dead stroke

Due to.....

Due to.....

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

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

51 11 17 hr. min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation House Painter

11. Industry or business Painting Contractor

MOTHER FATHER { 12. Name Louis Wolfe

{ 13. Birthplace St. James Mo.  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Sarah Lore

{ 15. Birthplace Washington Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Wolfe

(b) Address 4203 Pleasant

17. (a) Burial (b) Date thereof 8-25-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cem. J. B. P.O.

18. (a) Signature of funeral director Suedmeyer & Sons

(b) Address 3934 N. 20th St.

19. (a) AUG 25 1947 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

Major findings:  
Of operations.....

Of autopsy.....

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).....

(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 Patrick E. Rayford  
(City, town, or county) (State, D., or other)

Address 1300 Clark Date 8-25-47

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

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**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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed G. G. Smithers

Licensed Embalmer No. 3916

P. O. Address 3934 N. 70 St

**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.**