S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18328
Registration District No. 179
Primary Registration District No. 6076
Registrar's No. 1298

1. PLACE OF DEATH:
(a) County: St Louis
(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3/22/48 to 5/20/48 (Specify whether
In this community 58 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St Louis
(c) City or town: St Louis, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 6607 Villa
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: ERVIN C. WOLFSBERGER
3. (b) If veteran, name war: WW-I
3. (c) Social Security No. 497-05-5563

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Helen Wolfsberger
6. (c) Age of husband or wife if alive: 45 years
7. Birth date of deceased: March (Month) 31 (Day) 1893 (Year)

8. AGE: Years	Months	Days	If less than one day
55	1	23	hr. min.

9. Birthplace: Webster Groves (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Brewery worker
11. Industry or business: Anheuser Busch

FATHER
12. Name: John Wolfsberger
13. Birthplace: (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Emilie Househalter
15. Birthplace: Rock Hill (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Registrar, VA Hospital
(b) Address: Jefferson Barracks, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 25 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery
18. (a) Signature of funeral director: Calvin F. Feutz
(b) Address: 4823 Nat Bridge Blvd
19. (a) 5-24-48 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1948 hour between 12PM and 3AM M.
21. I hereby certify that I attended the deceased from 3/22/48, 19..., to 5/20/48, 19...; that I last saw him alive on May 21, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute bacterial endocarditis with infarcts of right kidney	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Contributory cause: Thrombotic occlusion of abdominal aorta	

Major findings:
Of operations:
Of autopsy: Autopsy performed
(See cause of death)

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: (M.D. or other)
Address: Jefferson Brks Date signed 5/22/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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.....Ralph P. Lindus

Licensed Embalmer No.....4275

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.