

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3063** Registrar's No. **360**

1. PLACE OF DEATH a. COUNTY St. Louis County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. LENGTH OF STAY (In this place) 9	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hosp.		d. STREET ADDRESS (If rural, give location) 8922 Madge Ave.	

3. NAME OF DECEASED (Type or Print)	a. (First) Arthur	b. (Middle) L.	c. (Last) Wolfsberger	4. DATE OF DEATH (Month) (Day) (Year) Feb. 11, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 20, 1891	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months 2	IF UNDER 24 HRS. Days 21	Hours 1	Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tool Grinder	10b. KIND OF BUSINESS OR INDUSTRY Wagner Electric	11. BIRTHPLACE (State or foreign country) Kirkwood, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Wolfsberger	13b. MOTHER'S MAIDEN NAME Amelia Houshalter	14. NAME OF HUSBAND OR WIFE Nellie
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 493095573	17. INFORMANT'S SIGNATURE OR NAME Nellie Wolfsberger	ADDRESS 8922 Madge
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Obstructive myocarditis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
	DUE TO (c) 4222		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 922			

19a. DATE OF OPERATION no	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 1
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22. I hereby certify that I attended the deceased from **12-30, 1948**, to **2-8, 1949**, that I last saw the deceased alive on **2-8, 1949**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE J. P. Smith	(Degree or title) Surgeon	23b. ADDRESS 25008 Kings Highway	23c. DATE SIGNED 2-12-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-11-1949	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) MO
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DATE REC'D BY LOCAL REG. 2-13-49	REGISTRAR'S SIGNATURE Thurid W. Lunn	25. FUNERAL DIRECTOR'S SIGNATURE Jay B. Smith	ADDRESS 7456 Manchester Rd.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

John J. Burgess
Maplewood, N.J.

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

J. J. Burgess

Signed _____

Student Embalmer

Licensed Embalmer No. _____

4029

P. O. Address _____

Maplewood

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.