

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12521**

FILED MAR 24 1953

BIRTH NO. _____

REG. DIST. NO. **318**PRIMARY REG. DIST. NO. **1003**Registrar's No. **2371**

1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS MO		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL				e. STREET ADDRESS (If rural, give location) 23 2839 HENRIETTA 2239				
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH - b. (Middle) WILFING c. (Last) JR			4. DATE OF DEATH (Month) (Day) (Year) FEB. 28 1953					
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 10 1903		9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 11 HRS. Hour _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MILLMAN			10b. KIND OF BUSINESS OR INDUSTRY MANGELSDORF CO		11. BIRTHPLACE (City and State or Foreign Country) AUSTRIA		12. CITIZEN OF WHAT COUNTRY? 4	
13a. FATHER'S NAME JOSEPH WILFING			13b. MOTHER'S MAIDEN NAME SUSANNA GLATZ		14. NAME OF HUSBAND OR WIFE CORA WILFING			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CORA WILFING 2839 HENRIETTA				
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of sigmoid Colon ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple Abdominal Metastasis (year				INTERVAL BETWEEN ONSET AND DEATH 3 years
19a. DATE OF OPERATION 1/19/49		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Colon (sigmoid)				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21f. HOW DID INJURY OCCUR? 153X		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						
22. I hereby certify that I attended the deceased from Dec. 1949 , to 2/28/53 , 19____, that I last saw the deceased alive on 4/27/53 , 19____, and that death occurred at 7:30 a. , from the causes and on the date stated above.								
23a. SIGNATURE E. Stindler, M.D. (Degree or title)				23b. ADDRESS 3701 Grand St.		23c. DATE SIGNED 3/2/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE MAR. 3 1953	24c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PK		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO			
DATE REC'D BY LOCAL REG. MAR 2 1953		REGISTRAR'S SIGNATURE J. Cash Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutis 2906 Leavitt				

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

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..

Student.....
Signature of Student Embalmer

Signed *Sam E. Hill*

Licensed Embalmer No. *4347*

P. O. Address *2906 Glenn*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.