

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32084

4525

FILED OCT 15 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI		b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) 58 YEARS		e. STREET ADDRESS (If rural, give location) 2 WEST 43RD. STREET			
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL					

3. NAME OF DECEASED (Type or Print) a. (First) FRANCES			b. (Middle) WOLCH			c. (Last) WOLCH			4. DATE OF DEATH (Month) (Day) (Year) SEPT. 16 1953		
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5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2		8. DATE OF BIRTH July 29, 1879		9. AGE (In years last birthday) 74		if UNDER 1 YEAR Months Days		if UNDER 4 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY AT HOME			11. BIRTHPLACE (City and State or Foreign Country) DRENDORFF, AUSTRIA 4			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME UNKNOWN KNAPP			13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND OR WIFE FRANK WOLCH		
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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. 496-01-8057		17. INFORMANT'S SIGNATURE OR NAME FRANK WOLCH		ADDRESS 1300 1/2 MINNESOTA AVE. K.C. MO.	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion			12 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) debility caused by pelvic abscess due to perforation of sigmoid by chicken bone			3 weeks
DUE TO (c) Old Coronary occlusion		5 months		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas city Jackson, mo.	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) app. 3 wks ago		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? perforation of sigmoid colon by chicken bone	
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22. I hereby certify that I attended the deceased from **9-17, 1953**, to **9-16, 1953**, that I last saw the deceased alive on **9-15, 1953**, and that death occurred at **4:55 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Edward A. Samuelson (Degree or title) M.D.			23b. ADDRESS 2603 E 31 K.C. Mo			23c. DATE SIGNED 9-16-53		
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE SEPT. 18, 1953		24c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
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DATE REC'D BY LOCAL REG. 9-17-53		REGISTRAR'S SIGNATURE Sheraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE A. H. Newcomer's Sons		ADDRESS 1231 BRUNN BROS. Kansas City, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

220386

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 *Albert J. Savage*.....

Licensed Embalmer No. *481*.....

P. O. Address *Kansas*.....

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.