

FILED JUL 26 1954

STANDARD CERTIFICATE OF DEATH

22364

State File No.

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 270

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. LENGTH OF STAY (In this place) <u>50 yrs.</u>		c. CITY OR TOWN <u>Cape Girardeau</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>426 Bellevue Street</u>				e. STREET ADDRESS (If rural, give location) <u>426 Bellevue Street</u> <u>016%</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUISE</u>		b. (Middle) <u>S.</u>		c. (Last) <u>WOLF</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 19, 1954</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 13, 1868</u>	
9. AGE (In years last birthday) <u>86</u>		10. MONTHS <u>2</u>		11. DAYS <u>5</u>		12. HOURS <u>1</u> MIN. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Indianapolis, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Charles Samson</u>		13b. MOTHER'S MAIDEN NAME <u>Magalene Wolf</u>		14. NAME OF HUSBAND OR WIFE <u>Christian Wolf</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lvdia Leher Cape Girardeau, Mo.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <u>Chronic Hypertensive Myocarditis</u> 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: <u>Chronic Gall Bladder disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>11 yrs.</u> <u>5 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>+43X</u>				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec. 7 - 1953</u> , to <u>July 19, 1954</u> , that I last saw the deceased alive on <u>7-19, 1954</u> , and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>William J. Oehler M.D.</u> (Degree or title)				23b. ADDRESS <u>Cape Girardeau, Mo.</u>		23c. DATE SIGNED <u>7-20-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 21, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Lorimier Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>7-21-54</u>		REGISTRAR'S SIGNATURE <u>W. C. Summers</u> <u>44-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walker's Funeral Home Cape Gir.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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. *Virgil H. Welch*.....
Licensed Embalmer No. *4102*

P. O. Address *Cape Girardeau*

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.