

FILED JUL 22 1954

STANDARD CERTIFICATE OF DEATH

State File No. 20010
1589

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 543 Registrar's No. 1589

1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jennings

c. LENGTH OF STAY (in this place) Life

d. FULL NAME OF HOSPITAL OR INSTITUTION 9414 Westchester Drive

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri b. COUNTY St. Louis

c. CITY OR TOWN Jennings 4028

d. Is Residence within limits of a city or incorporated town? Yes No

e. STREET ADDRESS (If rural, give location) 9414 Westchester Drive

3. NAME OF DECEASED

a. (First) WILLIAM b. (Middle) M. c. (Last) WOLTERS

4. DATE OF DEATH July 3, 1954

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH January 13, 1892 9. AGE (In years last birthday) 62 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dept. Mgr. 10b. KIND OF BUSINESS OR INDUSTRY Cupples Co. 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME August W. H. Wolters 13b. MOTHER'S MAIDEN NAME Bertha Rumpf 14. NAME OF HUSBAND OR WIFE Virginia M. Wolters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War #1 16. SOCIAL SECURITY NO. 489-01-5383 17. INFORMANT'S SIGNATURE OR NAME Mrs. Virginia M. Wolters ADDRESS 9414 Westchester Dr.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) unknown natural causes

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.

INTERVAL BETWEEN ONSET AND DEATH rule

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO 7955

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) _____ m. _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Herbert R. Domke (Degree or title) M.D., Local Registrar 23b. ADDRESS 651 S. Brentwood Blvd. 23c. DATE SIGNED 7/9/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 7-7-54 24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

DATE REC'D BY LOCAL REG. 7/6/54 REGISTRAR'S SIGNATURE Herbert R. Domke 25. FUNERAL DIRECTOR'S SIGNATURE Alvin F. Feutz ADDRESS 4828 Nat'l Bridge Blvd.

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..... *John A. Melina*

Licensed Embalmer No..... *46*

P. O. Address..... *St. Louis*

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.