

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14353

State File No. \_\_\_\_\_

FILED APR 27 1955

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. (DIST. NO.) <u>500</u>		Registrar's No. <u>938</u>	
1. PLACE OF DEATH a. COUNTY: <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE: <u>Mo.</u> b. COUNTY: <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township): <u>Le May</u>		c. LENGTH OF STAY (in this place) (township): <u>2 years</u>		c. CITY (If outside corporate limits, write RURAL and give township): <u>Le May</u>		OR TOWN: <u>Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>2825 Mohaton</u>				d. STREET ADDRESS (If rural, give location): <u>2825 Mohaton St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First): <u>Magdalena Marie</u>		b. (Middle): <u>Wolf</u>		c. (Last): <u>Rubisch</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 21, 1955</u>	
5. SEX: <u>Female</u>		6. COLOR OR RACE: <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): <u>widow</u>		8. DATE OF BIRTH: <u>Aug. 23 1873</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>At home</u>		11. BIRTHPLACE (State or foreign country): <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME: <u>Unk. Kleppsattel</u>		13b. MOTHER'S MAIDEN NAME: <u>Unk. Klebahn</u>		14. NAME OF HUSBAND OR WIFE: <u>George Wolfram</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): <u>no.</u>		16. SOCIAL SECURITY NO.: <u>no.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS: <u>Marie Esmy 2825 Mohaton</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: (a) <u>acute Coronary Thrombosis</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Heart Disease</u>  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: <u>3 wks.</u>  <u>2 yrs.</u>	
19a. DATE OF OPERATION: _____		19b. MAJOR FINDINGS OF OPERATION: _____				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): <u>4201</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.): _____		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>2/20</u> , 19 <u>55</u> , to <u>4/21</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4/4</u> , 19 <u>55</u> , and that death occurred at <u>4:20</u> a. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title): <u>Alonard Muller, M.D.</u>				23b. ADDRESS: <u>819 University Club Bldg.</u>		23c. DATE SIGNED: <u>4/21/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify): <u>burial</u>		24b. DATE: <u>Apr. 23-55</u>		24c. NAME OF CEMETERY OR CREMATORY: <u>Zion Cem.</u>		24d. LOCATION (City, town, or county) (State): <u>St. Louis Mo.</u>	
DATE REC'D BY LOCAL REG.: <u>4/22/55</u>		REGISTRAR'S SIGNATURE: <u>Hebe K. Kambert</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS: <u>Witt Bros. &amp; Co. 2929 S. Jefferson</u>			

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 .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3741

P. O. Address 2929

**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.