

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17136

State File No.

FILED MAY 26 1955

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 4379

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4379	
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) MO		c. CITY OR TOWN ST. LOUIS		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR HOSPITAL OR HOME (If not in hospital or institution, give street address or location) EMMA PARK LANE HOSPITAL 24 3706 SALENA				e. STREET ADDRESS (If rural, give location) 2249			
3. NAME OF DECEASED (Type or Print) a. (First) HAROLD b. (Middle) WOLVERTON c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) MAY 14 1955				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 15 1909		9. AGE (In years last birthday) 45	10. UNDER 1 YEAR Months Days	11. HOURS & MIN. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOSEPH WOLVERTON		13b. MOTHER'S MAIDEN NAME EMMA BALLEW		14. NAME OF HUSBAND OR WIFE MILDRED WOLVERTON			
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. 489-14-0332		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MILDRED WOLVERTON 3706 SALENA			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 4201					
22. I hereby certify that I attended the deceased from 5-14-55, 19, to 5-14-55, 19, that I last saw the deceased alive on 5-14-55, 19, and that death occurred at 11 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Charles Smith</i>				23b. ADDRESS 4930 Lindell Blvd.		23c. DATE SIGNED 5-16-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 18 1955	24c. NAME OF CEMETERY OR CREMATORY New St. MARCUS		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO		
DATE REC'D BY LOCAL REG. MAY 18 1955		REGISTRAR'S SIGNATURE <i>Charles Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutes 2906 Gravois			

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

coronary occlusion

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.....
James E. Hill

Licensed Embalmer No. *4347*

P. O. Address *2916 Pa*

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.