

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28319

State File No. ....

FILED SEP 1 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6751**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis, Mo.</b> )		a. STATE <b>ILLINOIS</b> b. COUNTY <b>ST. CHAR</b>	
c. LENGTH OF STAY (In this place) <b>8 DAYS</b>		c. CITY OR TOWN <b>SCOTT AIR FORCE BASE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <b>Bernard</b>		b. (Middle) <b>J.</b>	
c. (Last) <b>Wolfson</b>		August 3, 1955	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>SEPT. 9, 1926</b>
9. AGE (In years last birthday) <b>28</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MEDICAL DOCTOR</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>NEBRASKA</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>JUDAH WOLFSON</b>		13b. MOTHER'S MAIDEN NAME <b>BESSIE MELCHES</b>	
14. NAME OF HUSBAND OR WIFE <b>NINE</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES PRESENTLY</b>	
16. SOCIAL SECURITY NO. <b>508 20 4953</b>		17. INFORMANT'S SIGNATURE OR NAME <b>George M. Jenner Belleville, Ill.</b>	
18. DATE OF OPERATION <b>21 July 55</b>		19b. MAJOR FINDINGS OF OPERATION <b>Cholelithiasis</b>	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input checked="" 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)	
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 <b>July 26, 1955</b> , to <b>August 3, 1955</b> , that I last saw the deceased alive on <b>August 3, 1955</b> , and that death occurred at <b>6:50A m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>C. Barker Bunch M. D.</b>		23b. ADDRESS <b>BARNES HOSPITAL</b>	
23c. DATE SIGNED <b>8/3/55</b>		24a. LOCATION (City, town, or county) (State) <b>Omaha, Nebraska</b>	
24b. DATE <b>8-3-55</b>		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <b>Geo. J. Renner</b> ADDRESS <b>Belleville, Illinois</b>	
DATE REC'D BY LOCAL REG. <b>AUG 3 1955</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>	

(Licensed Embalmer's Statement on Reverse Side)

**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 Not Embalmed Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Geo Renner.....  
Licensed Embalmer No. 231

P. O. Address Ballville.....

**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.**