FILED SEP 29 1955

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31694

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8079

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis,
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3751 Weber Rd.,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri,
b. COUNTY
c. CITY OR TOWN: St. Louis,
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location): 3751 Weber Rd.,

3. NAME OF DECEASED (Type or Print)
a. (First): Elizabeth
b. (Middle):
c. (Last): Wolk,

4. DATE OF DEATH (Month) (Day) (Year): September 13, 1955

5. SEX: Female.
6. COLOR OR RACE: White,
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed.
8. DATE OF BIRTH: May 31, 1879
9. AGE (In years last birthday): 76 — 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): Housewife,
10b. KIND OF BUSINESS OR INDUSTRY: At Home,
11. BIRTHPLACE (City and State or Foreign Country): St. Louis, Missouri,
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Bernard Mundy,
13b. MOTHER'S MAIDEN NAME: Margaret Christmann
14. NAME OF HUSBAND OR WIFE: Charles J. Wolk, (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Alois L. Wolk, 3751 Weber Rd.,
ADDRESS

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Epilepsy — 10 yrs.
DUE TO (c) Arteriosclerosis — 10 "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cerebral hemorrhage with paralysis — 6 "

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
331X
20. AUTOPSY? YES ☐ NO ☒

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* 3/2/ *, 19* 45 *to* 9/13, *, 19* 55*, that I last saw the deceased alive on* 9/1 *, 19* 55*, and that death occurred at* 6:00 A.*m., from the causes and on the date stated above.*

23a. SIGNATURE: A W Peters
(Degree or title): M.D.
23b. ADDRESS: 4145 a S. Grand Blvd.
23c. DATE SIGNED: 9/13/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal,
24b. DATE: 9/16/55
24c. NAME OF CEMETERY OR CREMATORY: Resurrection Cemetery,
24d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

DATE REC'D BY LOCAL REG.: SEP 14 1955
REGISTRAR'S SIGNATURE: J Earl Smith MD
M.D.
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.
(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 emb

by me, or by .....me....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Joe D. Benz.....

Licensed Embalmer No.....42

2842 Meramec

P. O. Address..St. Louis, 1

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.