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FILED JUN 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18916**
Registrar's No. **4186**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give town) **St. Louis, Mo.** c. LENGTH OF STAY (in this place) _____
c. CITY OR TOWN **St Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **BARNES HOSPITAL**
e. STREET ADDRESS (If rural, give location) **5631a Finkman**

3. NAME OF DECEASED. a. (First) **Henry** b. (Middle) **William** c. (Last) **Wolters**
4. DATE OF DEATH (Month) (Day) (Year) **April 26, 1956**

5. SEX **male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married**
8. DATE OF BIRTH **Jan 4, 1891** 9. AGE (In years last birthday) **65** 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) **Foreman**
10b. KIND OF BUSINESS OR INDUSTRY **Stupp Iron Co**
11. BIRTHPLACE (City and State or Foreign Country) **St Louis Mo** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Henry Wolters** 13b. MOTHER'S MAIDEN NAME **Dora Grimm** 14. NAME OF HUSBAND OR WIFE **Josephine Wolters**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) **yes** (If yes, give year or date of service) **WW-1**
16. SOCIAL SECURITY NO. **494-07-8832** 17. INFORMANT'S SIGNATURE OR NAME **Josephine Wolters** ADDRESS **5631a Finkman**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Acute Cardiac Failure**
ANTECEDENT CAUSES
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
DUE TO (b) **Angina Pectoris**
Arteriosclerotic Heart Disease
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 **1 1/2 yrs.**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **4200** 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) _____ 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 **Jan. 1956** to **4-26, 1956**, that I last saw the deceased alive on **4-26, 1956**, and that death occurred at **5:30A m.**, from the causes and on the date stated above.

23a. SIGNATURE **Wm. B. Kauff** (Degree or title) **M. D.** 23b. ADDRESS **BARNES HOSPITAL** 23c. DATE SIGNED **4/27/56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **4/28/56** 24c. NAME OF CEMETERY OR CREMATORY **Mt Hope Cemetery** 24d. LOCATION (City, town, or county) (State) **St Louis County Mo**

DATE REC'D BY LOCAL REG. **APR 28 1956** REGISTRAR'S SIGNATURE **[Signature]** 25. FUNERAL DIRECTOR'S SIGNATURE **J L Ziegenhein & Sons** ADDRESS **7027 Gravois**

(Licensed Embalmer's Statement on Reverse Side)

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 *Donald E. Benji*
Licensed Embalmer No. *1480*

P. O. Address *7077*

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.