Health, Welfare Public Service

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1-56

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21663
STATE FILE NUMBER

FILED JUN 25 1956

4A705-56 Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 221

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FARMINGTON, MO. — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN ST. LOUIS 2099 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) MINERAL AREA OSTEO. HOSP. — Length of stay in 1b	d. STREET ADDRESS 3626 RUSSELL (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: ALBERT Middle: EDWARD Last: WULFERT				4. DATE OF DEATH Month: June Day: 15 Year: 1956
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 6-13-56	9. AGE (In years last birthday) — IF UNDER 1 YEAR: Months: Days: 3 — IF UNDER 24 HRS.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) FARMINGTON, MO.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME CLAUDE EDWARD WULFERT			14. MOTHER'S MAIDEN NAME DELLA MAE BASLER	
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 Address: Claude Edward Wulfert, St. Louis, Mo	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH: 1-2- hour

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Congenital Heart Disease — 2 days

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 7544

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY / STATE

21. I attended the deceased from June 13, 1956 to June 15, 1956 and last saw him alive on June 15, 1956,

Death occurred at 2:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul P. Edgar (Degree or title) DO	22b. ADDRESS Farmington, Mo.	22c. DATE SIGNED 6-17-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6-16-56	23c. NAME OF CEMETERY OR CREMATORY CALVARY CEM.	23d. LOCATION (City, town, or county) MADISON Co., Mo. (State)
24. FUNERAL DIRECTOR L. V. Adamson	ADDRESS FREDERICKTOWN, MO.	25. DATE RECD. BY LOCAL REG. June 21, 1956	26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Raymond Wilson

Licensed Embalmer No. 488

P. O. Address Gredme

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.