

FILED SEP 4 1957

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

30195

STATE FILE NUMBER

8055

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

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, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Length of stay in lb	d. STREET ADDRESS 503 1/2 Washington,		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CATHERINE Middle NMN Last WOLKEN			4. DATE OF DEATH Month AUGUST Day 27 Year 1957		
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 2, 1883		9. AGE (In years last birthday) 74
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 country) St. Louis, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Getz		13b. MOTHER'S MAIDEN NAME Julia Nillett		14. NAME OF HUSBAND OR WIFE Anton Wolken (Dcd)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. Marie Newsum, 503 1/2 Washington,		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) AGRANULOCYTOSIS					INTERVAL BETWEEN ONSET AND DEATH 4 WKS.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) REACTION TO TAPAZOLE THERAPY					7 WKS.
DUE TO (c) TOXIC NODULAR GOITER					1 YR.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 AUGUST 1, 1957 to AUGUST 27, 1957 and last saw her alive on AUGUST 27, 1957 Death occurred at 11:45 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>C. D. Vanillia, M.D.</i> (Degree or title) M.D.			22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 8/27/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-30-57	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, & county) (State) St. Louis, Mo.
24. FUNERAL DIRECTOR Albert H. Hoppe 4700 Washington,		ADDRESS	25. DATE RECD. BY LOCAL REG. AUG 28 57		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i> S.P.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(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 Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Melvin L. Kern*

Licensed Embalmer No. *40576*

P. O. Address *494 Washington St. Louis, Mo.*

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.