Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-011909
STATE FILE NUMBER

FILED APR 14 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 955

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1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): MANCHESTER — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): MANCHESTER NURSING HOME — Length of stay in this hosp.: MNS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: ST. LOUIS
c. CITY OR TOWN: AFFTON 4820 — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 4300 FATIMA — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: WILLIAM — Middle: — Last: WOLK, SR.

4. DATE OF DEATH: Month: APRIL — Day: 8 — Year: 1959

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: JUNE 4, 1872

9. AGE (In years last birthday): 86 — 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): GROCERY-MEAT

10b. KIND OF BUSINESS OR INDUSTRY: MARKET

11. BIRTHPLACE (City and state or country): ST. MARY'S, Mo.

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: BERNARD WOLK

13b. MOTHER'S MAIDEN NAME: NOT KNOWN

14. NAME OF HUSBAND OR WIFE: 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: WM. WOLK, JR. — Address: 9835 KNOLLSHIRE

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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): Acute Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Mitral Stenosis — Doubt Know
DUE TO (c): Arteriosclerosis — Doubt Know
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senile Dementia 4210

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 Jan. 15th, '59, to April 7th, '59 and last saw (him) alive on April 7th, 1959
Death occurred at 9:35 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ralph W. Raffety M.D.

22b. ADDRESS: Box 122, Manchester, Mo.

22c. DATE SIGNED: 4-8-59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 4/11/1959

23c. NAME OF CEMETERY OR CREMATORY: RESURRECTION CEM.

23d. LOCATION (City, town, or county) (State): ST. LOUIS CO., Mo.

24. FUNERAL DIRECTOR — ADDRESS: J L ZIEGENHEIN & SONS 7027 GRAVOIS

25. DATE RECD. BY LOCAL REG.: 4-8-59

26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(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 Donald E Binz

Licensed Embalmer No. 4863

P. O. Address 7022 Grand

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.