

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015999
STATE FILE NUMBER

2 4221

FILED MAY 12 1959 Registration District No. Primary Registration District No. Registrar No.

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|--|---------------------------|--|---|
| 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 | | c. CITY OR TOWN St. Louis | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1308a Hodiament | | d. STREET ADDRESS (If outside, give location) 1308a Hodiament | |
| 3. NAME OF DECEASED (Type or print) First MIDDLE Last JOSEPH WILLARD WOOLSEY | | 4. DATE OF DEATH Month Day Year April 28, 1959 | |
| 5. SEX Male 0 | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH July 8, 1914 |
| 9. AGE (In years last birthday) 44 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman | 11. BIRTHPLACE (City and state or country) Rolla, Missouri |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman | | 10b. KIND OF BUSINESS OR INDUSTRY American Map Co. | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
| 13. FATHER'S NAME Joseph Woolsey | | 14. MOTHER'S MAIDEN NAME Gertrude Elmira Leatherby | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 720.0 | |
| 17. INFORMANT Wilma L. Traylor, 1308a Hodiament | | 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 coronary thrombosis arteriosclerotic heart disease. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) | |
| 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.) 720.0 | | 20c. TIME OF INJURY a. m. p. m. | |
| 20d. INJURY OCCURRED WHILE AT WORK <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 1958 to Apr. 28, 1959 and last saw him alive on Apr. 28, 1959 Death occurred at 11:05 P m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Rudolph E. Catanzaro Rudolph E. Catanzaro (Degree or title) M. D. | | 22b. ADDRESS 1194a Hodiament | |
| 22c. DATE SIGNED 4/29/59 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | |
| 23b. DATE 4/30/59 | | 23c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cemetery | |
| 23d. LOCATION (City, town, or county) St. Louis County, Missouri | | 24. FUNERAL DIRECTOR Ambruster Mortuary, 6633 Clayton Rd. | |
| 25. DATE RECD. BY LOCAL REG. APR 30 '59 | | 26. REGISTRAR'S SIGNATURE Leon Smith M.D. | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

alth, welfare, public service, 300-56, 691, diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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.....

Licensed Embalmer No. 470

P. O. Address St. Louis

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