

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043877

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 490

FILED NOV 27 1962

VS 300  
Rev. 4/59

10941  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>ST. FRANCOIS</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>STE. GENEVIEVE</b>           |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>BONNE TERRE</b>  |   | Length of stay in lb  | c. CITY OR TOWN <b>WEINGARTEN, Mo.</b>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>BONNE TERRE HOSPITAL</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>WEINGARTEN</b>  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>EMMA</b> Middle <b>ELIZABETH</b> Last <b>WOLK</b>   |   | 4. DATE OF DEATH<br>Month <b>NOVEMBER</b> Day <b>18</b> Year <b>1962</b>  |   |
| 5. SEX<br><b>FEMALE</b>  | 6. COLOR OR RACE<br><b>WHITE</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>6-15-1893</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>HOUSEWIFE</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>OWN HOME</b>  | 9. AGE (last birthday)<br><b>69</b>   |
| 11a. BIRTHPLACE (City and state or country)<br><b>LAWRENCETON, Mo.</b>   |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U. S. A.</b>  |   |
| 13a. FATHER'S NAME<br><b>WENDELL IBENMAN</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>ANNA OTTE</b>   | 14. NAME OF HUSBAND <b>FRANK X. WOLK</b>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |   | 16. SOCIAL SECURITY NO.   | 17. INFORMANT<br><b>FRANK X. WOLK, WEINGARTEN, Mo.</b>  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Arteriosclerotic Heart Dis.</b><br>DUE TO (b) <b>Senility</b><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   | INTERVAL BETWEEN ONSET AND DEATH  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)  |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____  | 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<br><b>WEINGARTEN, Mo.</b>  |
| 21. I attended the deceased from <b>Nov 17, 1962</b> to <b>Nov 18, 1962</b> last saw her alive on <b>Nov 18, 1962</b><br>Death occurred at <b>4:40 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.   |   | 22a. SIGNATURE (Degree or title)<br><b>R. A. Huckstep M.D.</b>  |   |
| 22b. ADDRESS<br><b>Flemington, Mo.</b>   |   | 22c. DATE SIGNED<br><b>11/20/62</b>   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>REMOVAL</b>  | 23b. DATE<br><b>11-21-1962</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>OUR LADY HELP OF CHRISTIAN</b>   | 23d. LOCATION (City, town, or county)<br><b>WEINGARTEN, Mo.</b>   |
| 24. FUNERAL DIRECTOR<br><b>JEROME H. STANTON, STE. GENEVIEVE, Mo.</b>  | 25. DATE RECD. BY LOCAL REG.<br><b>Nov. 20, 1962</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Cather Rudloff</b>  |   |

NOV 29 1962

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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 embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Jerome H. Stanton

Licensed Embalmer No. 3817

P. O. Address STE. GENEVIEVE, 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.

*[Handwritten scribbles and illegible text at the bottom of the page]*