

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0820344

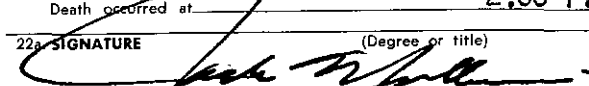

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 3057 Registrar's No. 288 STATE FILE NUMBER

FILED 09 64

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
Rev. 4/59				
1 <u>0941</u>				
2 <u>0930</u>				
3				
4 <u>0</u>				
5 <u>1</u>				
6				
7 <u>0</u>				
8 <u>2</u>				
<u>2/201</u>				
10				
11				
12 <u>1-0</u>				
13 <u>1-0</u>				
	SHOULD READ			
	BY AFFIDAVIT OF			

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BONNE TERRE</u>		Length of stay in 1b <u>4 DAYS</u>	c. CITY OR TOWN <u>WEINGARTEN</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BONNE TERRE HOSPITAL</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>ROUTE # 1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>BERNARD</u> Middle <u>JOSEPH</u> Last <u>WOLK</u>			4. DATE OF DEATH Month <u>MAY</u> Day <u>27</u> Year <u>1964</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-20-1889</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	9. AGE (last birthday) <u>74</u>
11. BIRTHPLACE (City and state or country) <u>WEINGARTEN, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>PHILIP WOLK</u>		13b. MOTHER'S MAIDEN NAME <u>CATHERINE DOLL</u>	
14. NAME OF HUSBAND OR WIFE <u>THERESA P. ISENMAN</u>		Address <u>ROUTE # 1</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>MRS. THERESA P. WOLK, WEINGARTEN, Mo.</u>		Address <u>ROUTE # 1</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Infarction of myocardium.</u> DUE TO (b) <u>Arteriosclerotic coronary thrombosis.</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 <u>3:00</u> a.m. p.m.	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	COUNTY STATE
21. I attended the deceased from <u>3-8-63</u> to <u>5-27-64</u> and last saw her/him alive on <u>5-27-64</u> Death occurred at <u>2:00 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE 		(Degree or title)	22b. ADDRESS <u>Bonne Terre, Missouri</u>
22c. DATE SIGNED <u>6-1-64</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>5-30-1964</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. LAWRENCE</u>	23d. LOCATION (City, town, or county) (State) <u>LAWRENCETON, MISSOURI</u>
24. FUNERAL DIRECTOR <u>JEROME H. STANTON, STE. GENEVIEVE, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>June 1, 1964</u>	26. REGISTRAR'S SIGNATURE 

JUN 10 1964

SEP 15 1964

Paul Regal issued 5-30-64

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 Paul Regal

Licensed Embalmer No. 4120

P. O. Address Farmington 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.