MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

35602

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 10815

City St Louis Mo. (No. Jewish Hosp. St. ..... Ward)

2. FULL NAME Charles B. Wolf

(a) Residence. No. 5146 St Louis Ave St., 6 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF — — —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 7 - 1898

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
29.	5.	23.	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Shoe salesman

(b) General nature of industry, business, or establishment in which employed (or employer) as above

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Julius Wolf

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER Minnie Beitze

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri

14. INFORMANT Julius Wolf
(Address) 5146 St Louis Ave.

15. FILED DEC -2 1927 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 30 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1927, to Nov. 30, 1927 that I last saw him alive on Nov 30, 1927, and that death occurred, on the date stated above, at 4 30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

66B Hyperthyreoidism.
66E Thyreoidectomy.

(duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 60A

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Nov. 30. 1927.

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Physical + laboratory.

(Signed) Jonas C. Kopelowitz, M. D

, 19 (Address) Mo. Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cem. | DATE OF BURIAL Dec 4 1927

20. UNDERTAKER Wm Ambruster Mnd Co. | ADDRESS 4234 Manchester Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERMANENT RECORD