

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

Do not use this space.

3537

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 4553) Clarence Ave St. _____ Ward _____

File No. _____
 Registered No. 768

2. FULL NAME

(a) Residence No. 4553 Clarence Ave, 9 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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 18 1931

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary R. Wolf (Meyer)

17. I HEREBY CERTIFY That I attended deceased from Jan 2 1931 to Jan 18 1931 that I last saw him alive on Jan 18 1931 and that death occurred, on the date stated above, at 9:00 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 30 1863

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 3 15

mitral regurgitation
92A

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Machinist 65
 (b) General nature of industry, business, or establishment in which employed (or employer). Retired
 (c) Name of employer _____

(duration) 20 yrs. 7 mos. ds.

9. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo

CONTRIBUTORY (SECONDARY) ascites (duration) _____ yrs. _____ mos. _____ ds.

10. NAME OF FATHER Fred Wolf

18. WHERE WAS DISEASE CONTRACTED? 92A

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

IF NOT AT PLACE OF DEATH _____

12. MAIDEN NAME OF MOTHER Caroline Borsch

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

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

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____

14. INFORMANT Mrs. Mary R. Wolf (Address) 4553 Clarence Ave.

(Signed) H.A. Weltermeyer, M. D.
Jan 19. 1931 (Address) 1511 E Grand St

15. FILED 20 1931 MSD U. St. Louis REGISTRAR

*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 Oak Grove DATE OF BURIAL Jan. 21 1931

20. UNDERTAKER Math. Hermann & Son ADDRESS 216 E. Fair Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

