

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

1173
Do not use this space.

FEB 12 1938

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1003

Registered No. 1029

1. PLACE OF DEATH

(a) County..... Registration District No.
 (b) Township..... Primary Registration District No.
 (c) City St. Louis (d) Street No. 5808a Easton Ave. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 74 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William S. Wolff 1410

(a) Residence, No. 5891 Washington Ave. St. 5 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Palmer Wolff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 12, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 5 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ret'd Policeman
 9. Industry or business in which work was done, as saw mill, bank, etc. Police Dept.
 10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation.....

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

FATHER 13. NAME Geo. M. Wolff

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

MOTHER 15. MAIDEN NAME Katherine Trask

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington

17. INFORMANT (ADDRESS) Blanche Wines 5891 Washington

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE Jan. 29, 1938

19. FUNERAL DIRECTOR (ADDRESS) Alexander & Sons 6175 Delmar Blvd.

20. FILED JAN 28 1938 J. H. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27, 1938

22. I HEREBY CERTIFY That I attended deceased from 10/18, 1937, to 1/26, 1938

I last saw him alive on 1/26, 1938. Death is said to have occurred on the date stated above, at 8:00 a.m.
 The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:
Coronary sclerosis

Name of operation.....
 What test confirmed diagnosis: clinical findings Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify.....
 (Signed) James A. Sullivan, M. D.
 (Address) 28645 N. Union Bl

Date of onset

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.

James Sullivan

2864

or W. W. W. W. W.

2864

STATEMENT BY LICENSED EMBALMER

I, J. Wm Binkley, Licensed Embalmer No. 3653

hereby certify that the body recorded on the reverse side of this certificate was embalmed by self

L. E.

No. 6 or by Ernst Altman, Registered Apprentice No. 27
working under my personal supervision.

Signed J. Wm Binkley
Licensed Embalmer No. 3653

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.)