

NOV 16 1938

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

34095
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1008**
 (c) City **St. Louis** (d) Street No. **Jewish Hosp** St. **1008**
 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. **1425 ARLINGTON** St. **6** (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Fanny Wolff**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 13, 1883**
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
55 6 13
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Watchman**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Metal Co.**
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **U.S.S.R**

13. NAME **Philip Wolff**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **U.S.S.R**

15. MAIDEN NAME **(UNK)**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **U.S.S.R**

17. INFORMANT (ADDRESS) **Harry Wolff Granite City, Ill.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Hevra Kedisha** DATE **10/19/38**

19. FUNERAL DIRECTOR (ADDRESS) **H. B. Berger 4715 Mc Pherson**

20. FILED **OCT 18 1938** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 16, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **October 13, 1938**, to **October 16, 1938**
 I last saw him alive on **Oct. 16, 1938** Death is said to have occurred on the date stated above, at **2:30 p.m.**
 The principal cause of death and related causes of importance were as follows:

Cerebral arteriosclerosis
Cerebral Thromboses
Broncho pneumonia - Terminal - Both lower lobes
Diabetes Mellitus

Other contributory causes of importance: **?**

Date of onset
10-14-38
10-15-38
?

Name of operation..... Date of.....
 What test confirmed diagnosis? **Phys Exam** Was there an autopsy? **No.**

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) **William Berman**, M. D.
 (Address) **Jewish Hospital of St. Louis**

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.

STATEMENT BY LICENSED EMBALMER

I, H. I. Berger, Licensed Embalmer No. 1597

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 1597

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.)