

REC'D MAR 13 1939

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

4775
Do not use this space.

791
1003

Registered No. 1468

1. PLACE OF DEATH

(a) County
(b) Township
(c) City Saint Louis, Missouri (d) Street No. City Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

440 Eberhard Wolf
(a) Residence, No. 5014 Cates Ave. St. 12
(Usual place of abode, if no street address, write county or city) (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 21st, 1864

7. AGE YEARS 74 MONTHS 4 DAYS 21 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc.
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) Saint Louis, Missouri

FATHER 13. NAME Christ Wolf.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Anna Frerichs
(ADDRESS) 5014 Cates Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus Cem DATE February 16, 1939

19. FUNERAL DIRECTOR Ziegenhain Bros.
(ADDRESS) 2623 Cherokee Street.

20. FILED FEB 15 1939
J. B. Brudick
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 12, 1939.

22. I HEREBY CERTIFY, That I attended deceased from Feb 9 39 to Feb 12 39
I last saw him alive on Feb 12 39 Death is said to have occurred on the date stated above, at 8:00 P.M.

The principal cause of death and related causes of importance were as follows:

Typhoid (Ch)
Hypertension
Bradycardia
Other contributory causes of importance:

Name of operation None Date of no
What test confirmed diagnosis None 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 _____
(Signature) M. J. Dr. Pugh M.D.
(Address) 2446 S. Grand

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

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

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed..... *V E Morris*

Licensed Embalmer No.

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.)