

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

8603
Do not use this space.

2368

REC'D APR 12 1939

1. PLACE OF DEATH
 (a) County Registration District No.
 (b) Township Primary Registration District No.
 or City **St. Louis,** (d) Street No. **Firmin Desloge 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 **Joseph Wolf**
 (a) Residence, No. **2202 Victor St.** St. **23** (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) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 12, 1867.**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	71	11	29	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Furniture Grater**

9. Industry or business in which work was done, as saw mill, bank, etc. **Retired 10 yrs.**

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) **Alsace Lorraine**

FATHER 13. NAME **Louis Wolf**

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

MOTHER 15. MAIDEN NAME **Josephine Wolf**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **France.**

17. INFORMANT **Helen Wolf**
 (ADDRESS) **2202 Victor St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **Mar. 14, 1939.**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **J. H. Eckstein & Co.
 2630 Gravois Ave.**

20. FILED **MAR 13 1939** **J. D. Budick**
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar. 10**, 19 **39**

22. I HEREBY CERTIFY, That I attended deceased from **2-20**, 19 **39**, to **2-27**, 19 **39**
 I last saw him alive on **2-27**, 19 **39**. Death is said to have occurred on the date stated above, at **8:30 a.m.**
 The principal cause of death and related causes of importance were as follows:

Carcinoma Stomach primary	Date of onset unknown
Secondary Anemia due to blood loss. Gastric hemorrhage	2-20-39

Other contributory causes of importance:
Secondary Anemia due to blood loss. Gastric hemorrhage

Name of operation **Gastrectomy** Date of **4-29-37**
 What test confirmed diagnosis? **Biopsy** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?

Where did injury occur?

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) **Crazis J. DeBantis** M.D.
 (Address) **Firmin Desloge Hospital**

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Herman A. Gebken

Licensed Embalmer No. 2120

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.