REC'D MAY 10 1939

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

12951
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 3293

(c) or City St. Louis, Mo. (d) Street No. St. John's 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 410 August A. Wolf

(a) Residence, No. 3611 Connecticut St. St. 16
(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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 14, 1882

7. AGE: YEARS 56 | MONTHS 3 | DAYS 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Salesman
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): St. Louis, Mo.

FATHER
13. NAME: William Wolf
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Czecho-Slovakia

MOTHER
15. MAIDEN NAME: Mary Holan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Czecho-Slovakia

17. INFORMANT (ADDRESS): Alexandria Wolf, 3611 Connecticut St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE April 10, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Wm. C. Moydell, 1926 Allen Ave.

20. FILED APR 8 1939 J. F. Bichel Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1939, to April 6, 1939
I last saw him alive on April 6, 1939. Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	4/3/39
Type III-pneumococcus	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) Pierce W. Powers, M. D.
(Address) 2531 So. Jefferson

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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 X16605

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 Benj. C. Lincoln

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

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