EC 18

1939
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44666

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 2229

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)
In this community 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson
(c) City or town Grubville Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 36 years

3. (a) PRINT FULL NAME MINA K. WOLF
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gustav
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Nov. (Month) 13 (Day) 1876 (Year)

8. AGE: Years 63 Months 1 Days 4 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany (State or foreign country)
10. Usual occupation At Home
11. Industry or business 6

MOTHER FATHER
12. Name Andrew Schaefer
13. Birthplace (City, town, or county) Germany (State or foreign country)
14. Maiden name Anton
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Mr. Gustav Wolf
(b) Address Grubville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 19, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director J. H. Bekker Lic & Und Co
(b) Address 2842 Meramec St.
19. (a) DEC 18 1939 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17 year 1939 hour 3 minute 30 A.M.
21. I hereby certify that I attended the deceased from 12/8/39, 19..., to 12/17/39, 19...; that I last saw h... alive on 12/16/39, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Right Lyt Thrombosis of Femoral Arteries	5 days
Due to: Chronic Myo Cordit	
Due to: Hypertension	
Other conditions (Include pregnancy within 3 months of death): 93c	
Major findings: Of operations: Thrombosis of R & L Femoral A	
Of autopsy: no	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? — (e) Means of injury —
23. Signature James G. Hoke M.D. (M. D. or other)
Address 7004 no Thurston Date signed 12/18/39

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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 Me, Registered Apprentice No., working under my personal supervision.

Signed Loron E. Percy

Licensed Embalmer No. 4084

P. O. Address 2842 Meramec St. St. Louis, Mo.

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.