DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19998

Registration District No. 791 Primary Registration District No.

Registrar's No. 4946

1. PLACE OF DEATH:

(a) County: 1940 JUL 17 PM

(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 week (Specify whether years, months or days)

In this community: 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County:

(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No.: 3561 S. Spring Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 70 years years.

3. (a) PRINT FULL NAME: Mr. Herman Wolf

3. (b) If veteran, name war: German Veteran

3. (c) Social Security No.: ----

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Christina Schwab

6. (c) Age of husband or wife if alive years

7. Birth date of deceased: December 10th, 1854 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
85	5	24	hr. min.

9. Birthplace: Saxony (City, town, or county) Germany (State or foreign country)

10. Usual occupation: Retired - Brewery Worker

11. Industry or business: Brewery

MOTHER FATHER

12. Name: Fritz Wolf

13. Birthplace: (City, town, or county) Germany (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature: Herman Wolf

(b) Address: 5647 Neosho Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 6, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation: Concordia Cemetery

18. (a) Signature of funeral director: Beiderwieden Funl Home Inc

(b) Address: 1936 St. Louis Avenue

19. (a) JUN 6 1940 (Date received by local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd year 1940 hour 8 minute 00 A. M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Traumatic Haemorrhage due to fracture of the skull, when she was struck while crossing the street by a car driven by one Grace Howard Jackson, about 2.00 P.M. May 26, 1940, at Gravois and Spring Avenue. ACCIDENT.

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations:

Of autopsy:

Duration

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): Accident

(b) Date of occurrence: 5/26/1940

(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work? No (e) Means of injury: Auto

23. Signature: Albert Merry (M. D. or other)

Address: Olympia Country Date signed: 6/4/40

(Licensed Embalmer's Statement on Reverse Side)

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.

MARGIN RESERVED FOR BINDING

30M-3-17-39 Rev. 5-17-39 1 x19311

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.....

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis Co

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.