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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27206

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 7102

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 916 Bates St. 2
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St. Louis 1
(If outside city or town limits, write "RURAL")

(d) Street No. 916 Bates St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 37 years.

3. (a) PRINT FULL NAME Theresia Wolf 1110

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 John Wolf

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased June (Month) 8 (Day) 1865 (Year)

8. AGE: Years 75 | Months 2 | Days 13 | If less than one day hr. min.

9. Birthplace (City, town, or county) Austria 7 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Joseph Janoch
13. Birthplace (City, town, or county) Austria 7 (State or foreign country)

MOTHER
14. Maiden name Leidi
15. Birthplace (City, town, or county) Austria 7 (State or foreign country)

16. (a) Informant John Wolf
(b) Address 916 Bates St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-24-40 (Month) (Day) (Year)
(c) Place: burial or cremation New S.S. Peter & Paul

18. (a) Signature of funeral director Witt Bros. L & N Co
(b) Address 2929 S. Jefferson Av.

19. (a) AUG 23 1940 (Date received local registrar) (b) J. F. Brodick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 21 year 1940 hour 6 minute 30 p. M.

21. I hereby certify that I attended the deceased from May 16, 1940, to Aug 21, 1940; that I last saw her alive on Aug 2, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	3 days
Due to Arterio Sclerosis	10 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)
(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 L A Nestor M.D. (M. D. or other)
Address 439 Bates Date signed 8/22/40

(Licensed Embalmer's Statement on Reverse Side)

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 Edgar F. Witt

Licensed Embalmer No. 2117

P. O. Address 2929 S. Jefferson

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

If this body is not embalmed, fact should be so stated above.