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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 37221

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 9494

FILED DEC 11 1940

**1. PLACE OF DEATH:**

(a) County

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

(c) Name of hospital or institution: St. Johns Hospital.
(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 University City, NR
(If outside city or town limits, write "RURAL")

(d) Street No. 7375 Delmar Blvd.
(If rural, give location)

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

3. (a) PRINT FULL NAME Infant of Martin J. Wolf Jr.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased November (Month) 19, (Day) 1940. (Year)

8. AGE: Years | Months | Days | If less than one day 10 hr. min.

9. Birthplace St. Louis. (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Martin J. Wolf Jr.
13. Birthplace Chicago, Illinois. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Virginia Nordstrom.
15. Birthplace Chicago, Illinois. (City, town, or county) (State or foreign country)

16. (a) Informant Martin J. Wolf Jr.
(b) Address 7375 Delmar Blvd.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 11-19-40 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory.

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd

19. (a) NOV 19 1940 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month November day 19, year 1940 hour 1. minute 20 P.M.

21. I hereby certify that I attended the deceased from Nov. 18 – 1940, to Nov 19, 1940, that I last saw her alive on Nov 18, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Prematurity – 6 Mo gestation

Due to

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 Matthew W. Weis (M. D. or other) Mod

Address 634 No Grand. Date signed 11/19/40

(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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell B

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

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