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State File No.

Registrar's No. **9495**

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(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

FILED DEC 11 1940

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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19th.
year 1940 hour 11. 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 _____

Prematurity 6 mo gestation

Due to _____

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) _____
(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. Wain (M. D. or other) MD
Address 634 No Grand ave Date signed 11/19/40

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 19, 1940
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name Martin J. Wolf Jr.

13. Birthplace Chicago, Illinois.
(City, town, or county) (State or foreign country)

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 (b) Date thereof 11-19-40
(Burial, cremation, or removal) (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 (b) J.F. Bradick
(Date received from and by) (Registrar's signature)

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 Luedell St

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, fact should be so stated above.