

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(c) Name of hospital or institution: **4631 Moraine Ave**
(d) Length of stay: In hospital or institution **None**
In this community **Birth**

3. (a) PRINT FULL NAME **Mary C. Wolf**
3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **Fredolin Wolf** 6. (c) Age of husband or wife if alive **Deceased**
7. Birth date of deceased **October 28, 1867**

8. AGE: Years **73** Months **1** Days **23** If less than one day **hr. min.**

9. Birthplace **St. Louis, Missouri**

10. Usual occupation **At home**

11. Industry or business _____

12. Name **Jacob Meyer**

13. Birthplace **Germany**

14. Maiden name **Unknown**

15. Birthplace **Germany**

16. (a) Informant **Mrs Frank Waldt**

(b) Address **4631 Moraine Ave**

17. (a) **Burial** (b) Date thereof **12/23/40**

(c) Place: burial or cremation **Oak Grove Cemetery**

18. (a) Signature of funeral director **Math Hermann & Son**

(b) Address **2161 East Fair Ave**

19. (a) **DEC 23 1940** (b) **J. H. Bredich**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(d) Street No. **4631 Moraine Ave**
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **21**, year **1940** hour **8:40 AM** minute _____ M.

21. I hereby certify that I attended the deceased from **Dec 12**, 19**40**, to **Dec 21**, 19**40**; that I last saw him alive on **Dec 19**, 19**40** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**

Due to _____

Due to **Influenza & Acute Bronchitis**

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

Major findings: Of operations _____

Of autopsy _____

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature **Arthur P. Smith** (M. D. or other) _____

Address **4500 Clarence** Date signed **Dec 22, 1940**

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

MOTHER FATHER

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. 2967

P. O. Address..... 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, fact should be so stated above.