

MAILED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **13132**

Registrar's No. **3562**

Registration District No. **791**

Primary Registration District No. _____

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

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: **Jewish Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **8 wks.**
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Dave Wolf**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Rose Wolf** 6. (c) Age of husband or wife if alive **46 yrs.** years

7. Birth date of deceased **June 9 1882**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 9 16 hr. min.

9. Birthplace **Russia**
(City, town, or county) (State or foreign country)

10. Usual occupation **Merchant**

11. Industry or business **Cafe**

MOTHER FATHER { 12. Name **Unknown**

13. Birthplace **Russia**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Russia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Rose Wolf**

(b) Address **420 S.E. 2nd. St. Evansville**

17. (a) **Removal** (b) Date thereof **4-26-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Evansville, Indiana**

18. (a) Signature of funeral director **Norman Finkelsch**

(b) Address **5216 Delmar Blvd.**

19. (a) **APR 25 1941** (b) **J. D. Brechak**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Indiana** (b) County **999**
(c) City or town **Evansville**
(If outside city or town limits, write "RURAL")
(d) Street No. **420 S.E. 2nd. St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **40 yrs.** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **25**
year **1941** hour **8** minute **9** M.

21. I hereby certify that I attended the deceased from **2/21/41**
19 **41** to **4/24** 19 **41**
that I last saw him alive on **4/24** 19 **41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary artery of 2 mm diameter arteries tortuous to heart**

Due to _____

Due to _____

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? _____
(City or town) (County) (State)

(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 **Alfred Blum** (M. D. or other) **me**
Address **638 No. 1st** Date signed **4/25/41**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Chas. W. Cooper*
Licensed Embalmer No. *3830*
P. O. Address *5216 Delmar*

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.