

No. 2  
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5-17-39  
1 X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

16832  
8772

State File No. ....

FILED JUN 15 1942 91

Primary Registration District No. 100

Registrar's No. ....

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17  
9

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town Saint Louis, Missouri

(c) Name of hospital or institution:  
Saint Louis Maternity Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day 4 hours 20 min. (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 92

(c) City or town Saint Charles (If outside city or town limits, write "RURAL") NR

(d) Street No. 901 Pettus Place (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Wolff Infant

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1942 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from May 29, 19 42 to May 30, 19 42  
that I last saw her alive on May 30, 19 42  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 29 1942  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_ Duration 3 days

Prematurity

Due to Non-ocular Toxic

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

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8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 1 & 4 hr. 20 min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Saul Wolff

{ 13. Birthplace Saint Louis Missouri (City, town, or county) (State or foreign country)

{ 14. Maiden name Rosella Goldman

{ 15. Birthplace Saint Louis Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Saint Louis Maternity Hosp

(b) Address 630 South Kingshighway

17. (a) Burial (b) Date thereof 6-1-42 (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emet

18. (a) Signature of funeral director H. Pindarkoff

(b) Address 5716 Delmar

19. (a) JUN 1 1942 (b) C. J. Budick (Date received local registrar) (Registrar's signature)

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 Frank J. Langney (M. D. or other) 0

Address 3720 Washington Date signed \_\_\_\_\_

*Not embalmed*

**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 *H. Rindskopf*

Licensed Embalmer No.....

P. O. Address.....

**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.**