

23855

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 1342

Registration District No. \_\_\_\_\_

Primary Registration District No. 109

96  
53  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Maplewood  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7340 Flora, Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Maplewood  
(If outside city or town limits, write "RURAL")

(d) Street No. 7340 Flora Ave.  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George C. Wolf.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Susie Wolf 6. (c) Age of husband or wife if alive 80. years

7. Birth date of deceased Dec. 19, 1858  
(Month) (Day) (Year)

8. AGE:	Years <u>83</u>	Months <u>6</u>	Days <u>1</u>	If less than one day hr. _____ min. _____
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9. Birthplace Unknown Kan.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired book store owner.

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

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Dr. John Sterling  
(b) Address 7340 Flora Ave. Maplewood Mo.

17. (a) Burial (b) Date thereof 6/22/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lawrence Kan.

18. (a) Signature of funeral director Jay B. Smith Funeral Home  
(b) Address 7456 Manchester Ave. Maplewood Mo.

19. (a) JUN 21 1942 (b) C. H. McKeon  
(Date received locally) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20  
year 1942 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 15, 1942 to June 20, 1942  
that I last saw h. in alive on June 19, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Arterial Sclerosis

Due to Senility and General Debility

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

Other conditions no question of  
(Include pregnancy within 3 months of death)

Major findings: no question of  
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) (c) Means of injury

23. Signature Mrs. J. H. Hester (M. D. or other) M.D.  
Address 634 No. Grand Blvd Date signed 6/20/42

Duration

2 yrs

2 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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. Burgess*

Licensed Embalmer No.....

*4029*

P. O. Address.....

*Maplewood*

**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.**