

FILED SEP 4 1942 318

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County None
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days
In this community 30 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County None
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6424 Winona
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME BERTHA 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 Married

6. (b) Name of husband or wife John Wolf 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased December 12, 1889
(Month) (Day) (Year)

8. AGE: Years 52 Months 8 Days 15
If less than one day hr. min.

9. Birthplace Vienna, Austria
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At home

12. Name Wilhelm Grassel

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

14. Maiden name Unknown

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

16. (a) Informant John Wolf
(b) Address 6424 Winona

17. (a) Cremation (b) Date thereof 8/31/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director C. Hoffmiller U. & L. Co.
(b) Address 6464 Chippen Street

19. (a) AUG 28 1942 (b) J. F. Brubaker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 27
year 1942 hour 15 minute P. M.

21. I hereby certify that I attended the deceased from October 1939 to Aug 1942
that I last saw him aw alive on Aug 27 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis Duration 2 mo
Due to Carcinoma of Rectum 3 yrs.

Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Metastatic Ca of all abdominal viscera
Of operations _____
Of autopsy _____

Duration
Due to
Due to

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 C

23. Signature Thomas W. Matter (M. D. or other) _____
Address 634 W. Grand Date signed 8/28/42

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

MOTHER FATHER

Dr. Thomas J. Munk
3115 St. Michael
Box 9499 out of town

Dr. Thomas Munk
4700. Theatre Bldg
3-5:30

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. 4049
P. O. Address 6464 Chippewa

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.