

FILED JAN -5 1943

Registration District No. 1318

Primary Registration District No. 1003

Registrar's No. 10262

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days
(Specify whether

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis Mo 912
(If outside city or town limits, write "RURAL")

(d) Street No. 5069 Kensington
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rose Wolf

3. (b) If veteran, name war no

3. (c) Social Security No. _____

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife William Wolf

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Unknown about 1892
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23,
year 1942 hour 7:35 minute _____ P. M.

21. I hereby certify that I attended the deceased from December
20, 1942 to December 23, 1942;

that I last saw her alive on December 23, 1942;
and that death occurred on the date and hour stated above.

8. AGE: Years about 60 Months Unknown Days _____ If less than one day _____ hr. _____ min. _____

9. Birthplace East St. Louis Ill (City, town, or county) (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business _____

MOTHER { 12. Name Betty Fein

FATHER { 13. Birthplace unk (City, town, or county) (State or foreign country) 9

14. Maiden name unk

15. Birthplace unk (City, town, or county) (State or foreign country) 9

16. (a) Informant William Wolf

(b) Address 5069 Kensington Ave

17. (a) Funeral (b) Date thereof 12/26/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director W. St. Marshall

(b) Address 1926 Allen

19. (a) 1943 (b) J. Brebeck
(Date received local registrar) (Registrar's signature)

Immediate cause of death Embolism of Left Lenticulostriate Artery Duration _____

Due to Mitral Valve Heart Failure

Due to _____

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

Major findings:
Of operations _____

Of autopsy Infarct of Right Kidney

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? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature Leo Wade (M.D. or other) _____
Address 1515 Lafayette Avenue Date signed 12/24/42

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

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 me
....., Registered Apprentice No.....
working under my personal supervision.

Signed Thos. G. Moydell.....

Licensed Embalmer No. 1467.....

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.