V. S. No. 2
50M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13003

FILED MAY 7 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4007

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: 5644a Etzel Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17
(c) City or town St. Louis 95
(If outside city or town limits, write "RURAL")
(d) Street No. 5644a Etzel Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Rosa Wolff

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

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Samuel Wolff
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased March (Month) 20 (Day) 1869 (Year)

8. AGE: Years 74 Months 1 Days 7 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany 4 (State or foreign country)
10. Usual occupation at home
11. Industry or business
FATHER
12. Name Meyer Ackerman
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name Eva Baum
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Leo Wolff
(b) Address 5644a Etzel Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sinai Cemetery
18. (a) Signature of funeral director Herman Rindskopf
(b) Address 5216 Delmar Blvd.
19. (a) APR 29 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1943 hour 12.18 P minute P. M.

21. I hereby certify that I attended the deceased from Feb. 1, 1937, to April 27, 1943 that I last saw her alive on April 27, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	5 days
Due to: Carcinoma of lung	
Due to: Carcinoma of Breast. Primary in breast	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 50	
Of autopsy	

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 0

23. Signature Harold Scheff (M. D. or other)
Address 607 N. Grand. Date signed 4/28/43.

(Licensed Embalmer's Statement on Reverse Side)

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.