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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

JUL 13 1943

318

Primary Registration District No. 1003

Registrar's No. 6109

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:
Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether _____)

In this community 78 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 2007

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

(d) Street No. 3453 St. Vincent
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Christian A. Wolf

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

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Louise Dicke Wolf 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: April 7th, 1852
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

91	2	27	_____ hr. _____ min.
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9. Birthplace: Ft. Wayne Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Manufacturing & Salesman

11. Industry or business Communion Wafers

12. Name Andreas Wolf

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

14. Maiden name Margaretta "Unknown"

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

16. (a) Informant Mr. Erwin C. Wolf

(b) Address 3453 St. Vincent

17. (a) Burial (b) Date thereof: July 6, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director BEIDERWIEDEN F. HOME, INC

(b) Address 1936 St. Louis Avenue

19. (a) JUL 6 1943 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th
year 1943 hour 4 minute 20 A. M.

21. I hereby certify that I attended the deceased from June 28 - 43
to July 4 1943
that I last saw him alive on July 3 1943
and that death occurred on the date and hour stated above.

Immediate cause of death ac myocarditis and Hypostatic pneumonia
Pericardial effusion
(Atherosclerosis) Cerebral hemorrhage
RAKillo

Due to _____ Duration 2 da

Due to _____ 6 da

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

Major findings: _____

Of operations: _____

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? _____

White at work _____ (Specify type of place)

(c) Means of injury _____

23. Signature: D. W. Walters (M. D. or other) _____
Address 3608 S Grand Date signed 7/6/43

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

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Dr. Walt

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 Felix J. Krupin

Licensed Embalmer No. 3497

P. O. Address 1936 St. James

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.