291
S. No. 2
M—2-43
5-17-39
I X35697

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

30564

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1943 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. Primary Registration District No. 1003 Registrar's No. 8681

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 12 Days 0 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 001 217 279

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

(d) Street No. 1833 S 10th St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Kate Wolf

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 Widow 2

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

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

7. Birth date of deceased Feb 14th 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 16 If less than one day hr. min.

9. Birthplace Herman Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business Housewife

FATHER
12. Name ? Boos
13. Birthplace Herman Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Herman Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mildred Graham
(b) Address 4925 Delor St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 2/43
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Thos Lutis & Son
(b) Address 2906 Gravois Ave

19. (a) OCT 1 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 29.
year 1943 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from September 18, 1943 to September 29, 1943
that I last saw her alive on September 29, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Generalized Arteriosclerosis	
Due to Chronic Osteo-Arthritis	
Due to Senile Dementia	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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) None
(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

23. Signature William I. Baur (M. D. or other)
Address 1515 Lafayette Avenue, Date signed 9/30/43

(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 David Van Fossan.

Licensed Embalmer No. 4242

P. O. Address 2906 Gravois a

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.