

No. 2
-2-43
-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35831

LED NOV 6 1943

State File No. _____

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 2437

1. PLACE OF DEATH:

(a) County ST LOUIS Clayton

(b) City or town RICHMOND HTS MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
ST LOUIS COUNTY HOSP
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 DAYS
In this community 35 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST LOUIS

(c) City or town RICH HTS MO.
(If outside city or town limits, write "RURAL")

(d) Street No. 7491 ETHEL AVE
(If rural, give location)

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

3. (a) PRINT FULL NAME SAMUEL I WOLF

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31
year 1943 hour 2 minute 55 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex M

5. Color or Race W

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

6. (b) Name of husband or wife IDA MAY WOLF

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased NOV 7 1877
(Month) (Day) (Year)

Immediate cause of death cardiac failure

Due to pneumonia 1 wk.

Due to Ca of stomach & metastases 6 mo?

Other conditions pe. anemia
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>11</u>	<u>23</u>	<u>14 hr. 55 min.</u>

9. Birthplace PHELPS CTY MO
(City, town, or county) (State or foreign country)

10. Usual occupation LANDSCAPE GARDENER

11. Industry or business _____

12. Name MICHAEL WOLF

13. Birthplace PHELPS CTY MO
(City, town, or county) (State or foreign country)

14. Maiden name MARY CATH LENNOX

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

Major findings:
Of operations invasive Ca. of stomach

Of autopsy 40

16. (a) Informant Mrs Ida Wolf

(b) Address 7491 ETHEL AVE

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof NOV 3-1943
(Month) (Day) (Year)

(c) Place: burial or cremation MATLEBANNONGEN Water Garden

18. (a) Signature of funeral director _____

(b) Address 6536 Clayton Rd

19. (a) NOV 2-1943 (Date received local registrar)

(b) E. G. McBaran, M.D. (Registrar's signature)

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 [Signature] (M. D. or other)

Address St. Louis Co. Hosp Date signed _____

Duration 2 day

1 wk.

6 mo?

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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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..... *G. W. Wilkinson*.....

Licensed Embalmer No..... *3575*.....

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.