

S. No. 2
M-5-43
5-17-39
P 1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34481
Registrar's No. 752

FILED NOV 15 1945
Registration District No. 310

Primary Registration District No. 3058

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

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town St. Charles
(c) Name of hospital or institution: St. Josephs Hospital 0
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Charles 923
(c) City or town O'Fallon 0
(d) Street No. Route 1 0
(e) Citizen of foreign country?..... (Yes or No) 1
If yes, name country.....

3. (a) PRINT FULL NAME Mary Wolf
3. (b) If veteran, name war.....
3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 20th
year 1945 hour 3 minute 35 P.M.
21. I hereby certify that I attended the deceased from.....
that I last saw h..... alive on.....
and that death occurred on the date and hour stated above.

4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years7. Birth date of deceased.....
(Month) (Day) (Year)

Immediate cause of death: Pulmonary Atelectasis
Due to Premature birth
Other conditions.....
Major findings:
Of operations.....
Of autopsy.....

8. AGE: Years Months Days If less than one day
hr. 36 min.

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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work?.....
23. Signature M. J. Houch M.D. (M. D. or other) 10/21/45
Address O'Fallon Mo Date signed 10/21/45

9. Birthplace St. Charles Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER
12. Name Joseph John Wolf
13. Birthplace McKeansboro Illinois
14. Maiden name Caroline Louise Anselment
15. Birthplace Dahlaren Illinois

16. (a) Informant Joseph Wolf
(b) Address O'Fallon Mo

17. (a) Burial (b) Date thereof Oct 21 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation O'Fallon Mo

18. (a) Signature of funeral director E. A. Keilly
(b) Address O'Fallon Mo

19. (a) 10/21/45 (b) Janet E. Paue
(Date received local registrar) (Registrar's signature)

1340

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 11-14-45

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 E. Keithly

Licensed Embalmer No. 847

P. O. Address Dallas Mo

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.