

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43125

State File No. _____

FILED DEC 17 1946
318

1003

Registrar's No. 10347

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:
2551 W. HERBERT ST
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 60 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2551 W. Herbert St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1
year 1946 hour 11 minute 40 P.M.
21. I hereby certify that I attended the deceased from November
2nd, 1946, to December 1, 1946
that I last saw him alive on December 1, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of lung
Due to _____
Due to _____
Other conditions arteriosclerosis
(Include pregnancy within 3 months of death) heart disease
Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME PHILLIP H. WOLFF

3. (b) If veteran, name war _____
3. (c) Social Security No. 489021610

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Marie Wolff 6. (c) Age of husband or wife if alive 54 Yrs years

7. Birth date of deceased June 17 1886
(Month) (Day) (Year)

8. AGE: Years 60 Months 5 Days 14 If less than one day
hr. _____ min. _____

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

10. Usual occupation Inspector

11. Industry or business Aluminum Mfg Co

MOTHER FATHER

12. Name Phillip Wolff

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

14. Maiden name Caroline Greive

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

16. (a) Informant Mrs Marie Wolff

(b) Address 2551 W. Hebert Street

17. (a) Burial (b) Date thereof Dec 4, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem

18. (a) Signature of funeral director Beiderwieden Funeral Home Inc

(b) Address 1936 St. Louis, Ave.

19. (a) DEC 4 1946 (b) J. F. Bruders
(Date received local registrar) (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 _____
Signature Frank G. Pfeiffer (M. D. or other) M.D.
Address 308 N. 16th Street Date signed 12.2.46

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

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 *Heath Paulson*

Licensed Embalmer No. *4114*

P. O. Address *1936 St. Louis Ave*

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.