

2-45
17-39
X47070

FILED MAR 31 1947

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3087**

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:
4908a N. Broadway
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... None
(Specify whether

In this community.....
years, months or days)

3. (a) PRINT FULL NAME Margaret Wolf

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife J. Henry Wolf

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

7. Birth date of deceased Jan. 19, 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>2</u>	<u>3</u>	hr. _____ min. _____

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

10. Usual occupation At home

11. Industry or business George Fuschkorn

MOTHER FATHER { 12. Name.....

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

14. Maiden name..... Elizabeth Blum

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

16. (a) Informant Miss Edna M. Wolf

(b) Address 4908a N. Broadway

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

(b) Date thereof 3/25/47
(Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Math Hermann & Son, Inc.

(b) Address 2161 East Fair Ave

19. (a) MAR 24 1947
(Date received local for burial)

(b) J. F. Breneck
(Registrar's signature)

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. 4908a N. Broadway
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22,
year 1947 hour 3:15 A. Minute 22 M.

21. I hereby certify that I attended the deceased from 1/15/42
....., 19....., to 3/24/47, 19.....
that I last saw her alive on 3/22/47, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia

Due to Uremia

Due to _____

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

Major findings:
Of operations.....

Of autopsy.....

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 J. F. Breneck (M.D. or other).....

Address 4901 N. Broadway Date signed 3/22/47

Duration 5 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 William G. Buchholz
Licensed Embalmer No. 2110
P. O. Address St. Louis, 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.