No. 2
11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 1 1947

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24633

Registration District No. 161 Primary Registration District No. 5594 Registrar's No. 28

1. PLACE OF DEATH:

(a) County Jefferson

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

(c) Name of hospital or institution Meramec Twship Near Byrnesville (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 1 Day years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St 96

(c) City or town Affton Mo (If outside city or town limits write "RURAL")

(d) Street No. 9213 Pavia (If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME HARRY W. WOLF

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

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

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Dec (Month) 27 (Day) 1879 (Year)

8. AGE: Years 67 Months 7 Days 13 If less than one day hr. min.

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

10. Usual occupation Painter

11. Industry or business

FATHER
12. Name Henry Wolf
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Amelia Reifers
15. Birthplace St Louis (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mathilda Wolf
(b) Address 9213 Pavia Affton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-23-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director John F. Zeigenhein & Sons
(b) Address 7027 Gravois Ave St Louis Mo

19. (a) July 20, 1947 (Date received local registrar) (b) Mrs J. G. Huckels (Registrar's signature) 1444

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20th year 1947 hour A.M. minute M.

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

	Duration
Immediate cause of death Coronary Thrombosis	
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)

(b) Date of occurrence July 20th 1947

(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 T. B. Edwards (M. D. ~~or other~~) Coroner

Address Cedar Hill Date signed 7/20/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 7/31/47

FEB 18 1948

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 W. G. Petersen

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois Ave St Lo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.