S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 4 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33168

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8946

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Enroute to City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County and

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2319 S. 18th Street 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME EDWARD C. WOLFF

3. (b) If veteran, name war World War 2

3. (c) Social Security No. 492-24-9275

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased January 27-1926
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
21	7	26	hr. min.

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

10. Usual occupation Die Maker

11. Industry or business

FATHER
12. Name Edward O. Wolff 0
13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Arthemise Rard
15. Birthplace Dillon, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Edward O. Wolff
(b) Address 2319 S. 18th Street

17. (a) Burial (b) Date thereof 9-26-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Mogdell
(b) Address 1926 Allen Avenue

19. (a) SEP 25 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23rd
year 1947 hour 10 minute 30 A.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.

Immediate cause of death Adnogenic Heart Disease

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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
(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 3

23. Signature Patrick C. Taylor (M. D. or other)
Address Date signed 9/24/47

(Licensed Embalmer's Statement on Reverse Side)

10 11

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 .....

..... Me ....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

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.