. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3397

FILED FEB 7 1948

Registration District No. 377 Primary Registration District No. 3069 Registrar's No. 280

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 1221 a Claytonia Terrace
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 42 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Richmond Heights 8
(If outside city or town limits, write "RURAL")

(d) Street No. 1221 a Claytonia Terrace 3
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Benjamin Wolf

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M. 0

5. Color or race W.

6. (a) Single, widowed, married, divorced M. 1

6. (b) Name of husband or wife Hulda Berminghaus

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased May (Month) 31 (Day) 1881 (Year)

8. AGE: Years 66 Months 7 Days 27 If less than one day ..... hr. ..... min.

9. Birthplace Gnadenhutten, Ohio 1
(City, town, or county) (State or foreign country)

10. Usual occupation Lawyer & Real Estate

11. Industry or business

FATHER
12. Name Jacob Wolf 11
13. Birthplace Germany 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Miller
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Hulda B. Wolf

(b) Address 1221 Claytonia Terrace

17. (a) cremation (Burial, cremation, or removal) (b) Date thereof 1-31-48 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Alexander Sons

(b) Address 6175 Delmar

19. (a) 1-30-48 (Date received local registrar) (b) Cecil J. Shaw MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28
year 1948 hour 9: minute 45 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.

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

PHYSICIAN

Underline the cause of 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 0

23. Signature [signature] (M. D. or other)

Address Commissioner of Health Date signed 1-29-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

FEB 7 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 Jos. E McCulloh

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

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.