S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10844

FILED APR 3 1948

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 2833

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 4430 Kossuth Ave (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 4430 Kossuth Ave (If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Bertha Wolf
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 23 (Day) 1879 (Year)

8. AGE: Years 68 | Months 9 | Days 27 | If less than one day hr. min.

9. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)
10. Usual occupation Beauty Shop
11. Industry or business Self
MOTHER FATHER
12. Name Jacob Wolf
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Amelia Bauer
15. Birthplace Jefferson City Mo (City, town, or county) (State or foreign country)
16. (a) Informant Clara Wolf
(b) Address 4430 Kossuth Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 23 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Calvin F. Feutz
(b) Address 4828 Nat. Bridge Blvd
19. (a) MAR 23 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 20 year 1948 hour 9 a. minute 30 P. M.
21. I hereby certify that I attended the deceased from Oct. 4, 1947, to March 20, 1948 that I last saw her alive on March 20, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CARCINOMA OF STOMACH	1yr.
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
23. Signature (M. D. or other) M.D.
Address 1194 Hodiamont Ave Date signed 3-22-48

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

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 Ralph C. Linders

Licensed Embalmer No. 4275

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.