No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 28 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28350

Primary Registration District No. 1003

Registrar's No. 7232

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: STATE SANITARIUM.
(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 Mo (b) County
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2707 MICHIGAN AV.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 17
If yes, name country

3. (a) PRINT FULL NAME WILLIAM 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~~ MARRIED
6. (b) Name of husband or wife EMILIA WOLF.
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased December (Month) 9 (Day) 1885 (Year)

8. AGE: Years 62 Months 8 Days 8 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)
10. Usual occupation NIL
11. Industry or business
FATHER 12. Name GEORGE WOLF.
13. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)
MOTHER 14. Maiden name MARY KORTE
15. Birthplace GERMANY (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Emilia Wolf
(b) Address 2707 Michigan Av
17. (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof AUG 19-48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ CALVARY CEM.
18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 LAFAYETTE AV.
19. (a) AUG 18 1948 (Date received by local registrar) (b) J. A. Bedrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August 17 day 17th year 1948 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from October 14 1946 to August 17 1948 that I last saw him alive on August 17 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Generalized Arteriosclerosis	2yrs
Carbuncle of Neck	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Yes
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 R. Nowlaner (M. D. or other) M.D.
Address 5400 Arsenal St Date signed 8/17/48

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.