

FILED OCT 18 1948

Registration District No. 318 Primary Registration District No. 1003

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: St. John's Hosp. D
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 3 wks
 (Specify whether
 In this community.....
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County..... St. Louis 96
 (c) City or town..... University City 3
 (If outside city or town limits, write "RURAL") 2
 (d) Street No..... 6246 North Dr.
 (If rural, give location) N.R. No.
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT NAME NATHAN E. WOLF (AKA NAT)
 FULL NAME
 3. (b) If veteran, name war..... W.W.2
 3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Oct. day..... 5
 year..... 1948 hour..... 11 minute..... 00 A. M.
 21. I hereby certify that I attended the deceased from..... 5-17-48
 to..... Oct-5-48
 that I last saw him..... alive on..... Oct-5-48
 and that death occurred on the date and hour stated above. 19
 Duration

4. Sex..... Male
 5. Color or race..... White
 6. (a) Single, widowed, married, divorced..... Married
 6. (b) Name of husband or wife..... Rose
 6. (c) Age of husband or wife if alive..... unk. years
 7. Birth date of deceased..... Aug 4 1904
 (Month) (Day) (Year)

Immediate cause of death..... melano carcinoma 6 hrs
 Due to..... (Primary left breast)
 Due to..... metastasis to brain
 Other conditions..... 50
 (Include pregnancy within 3 months of death)

8. AGE: Years..... 44 Months..... 2 Days..... 1
 If less than one day..... hr..... min.....

PHYSICIAN

Major findings: at Jewish Hosp sent to hosp
 Of operations..... melano Ca.
 Of autopsy.....
 Underline the cause of which death should be charged statistically.

9. Birthplace..... London England
 (City, town, or county) (State or foreign country)
 10. Usual occupation..... Salesman
 11. Industry or business..... Dress manf.
 12. Name..... Jacob Wolf
 13. Birthplace..... Russia
 (City, town, or county) (State or foreign country)
 14. Maiden name..... Rachel (unk)
 15. Birthplace..... Russia
 (City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant..... Mr. Marvin Kanefield
 (b) Address..... 7240 Tulane
 17. (a) Burial (b) Date thereof..... 10/6/48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... Chesed Shel Meth Berger Memorial
 18. (a) Signature of funeral director..... McPherson
 (b) Address..... 1715
 19. (a) OCT 6 1948 (b) J. B. Laater
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)..... None
 (b) Date of occurrence..... None
 (c) Where did injury occur..... None
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? (Specify type of place)
 (e) Means of injury.....
 23. Signature..... Johnson (M. D. or other)
 Address..... 4851 Humboldt Date signed..... 7/6/48

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

SEP 12 1953

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 _____

Neuro Auding

Licensed Embalmer No. _____

4229

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.