S. 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 NOV 6 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1005

State File No. 34866
Registrar's No. 9297

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: Lutheran Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Days (Specify whether years, months or days)
In this community 48 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4509a Pope (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Catherine Wolff
3. (b) If veteran, name war –
3. (c) Social Security No. –
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Fred W. Wolff
6. (c) Age of husband or wife if alive – years
7. Birth date of deceased May 23, 1883 (Month) (Day) (Year)
8. AGE: Years 65 Months 5 Days 2 If less than one day hr. min.
9. Birthplace Beaufort, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business –
12. Name William Roedder (Father)
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown (Mother)
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Frederick J. Wolff
(b) Address 3841 Burgen Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/28/48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery
18. (a) Signature of funeral director BEIDERWIEDEN F.H.INC.
(b) Address 1936 St. Louis Avenue
19. (a) OCT 27 1948 (Date received by local registrar) (b) J.B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25th year 1948 hour 9: minute 25 A.M.
21. I hereby certify that I attended the deceased from 1936, 19..., to 10/25/48, 19...; that I last saw h.e.r. alive on 10/25/48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Agranulocytosis	1 wk
Due to: Hypostatic Pneumonitis	3 days
Due to: Sulfa reaction (?)	
Other conditions: Senility - cachexia (Include pregnancy within 3 months of death)	

Major findings:
Of operations 109
Of autopsy as alive

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 Walter H. Hoeber (M.D. or other)
Address 3108 S. Grand Date signed 10/26/48

WALTER H V HOEBER

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. W. H. V. Hoefer,
3108 South Grand

12:00 - 3:00 6:00 - 8:00

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 Hialle Paulson

Licensed Embalmer No. 4114

P. O. Address 1936 St Louis Ave

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.