

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32346**
Registrar's No. **8205**

FILED OCT 7 1949

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis	c. LENGTH OF STAY (In this place) 1 week	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Florissant	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital		d. STREET ADDRESS (If rural, give location) RR #2	

3. NAME OF DECEASED (Type or Print) a. (First) Clara	b. (Middle) E.	c. (Last) Wolff	4. DATE OF DEATH (Month) (Day) (Year) September 21, 1949
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Sept. 3, 1888	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Florissant, Mo!	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Fred Eggert	13b. MOTHER'S MAIDEN NAME Mary Kamper	14. NAME OF HUSBAND OR WIFE Henry Wolff
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Vernon Wolff RR #2, Florissant
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Emboli		8-20-49 to 9-21-49
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) chr. hypertension		1945
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis		Embolism of Leg (Amputated)	9-17-49

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Amputation of Leg Above Knee, 9-17-49	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 99
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4221
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22. I hereby certify that I attended the deceased from **8-20-1949**, to **9-21-1949**, that I last saw the deceased alive on **9-21-1949**, and that death occurred at **3:40 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Johnson M.D.	23b. ADDRESS Florissant, Mo	23c. DATE SIGNED 9-22-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 9-24-49	24c. NAME OF CEMETERY OR CREMATORY Salem Cemetery	24d. LOCATION (City, town, or county) (State) Black Jack, Missouri
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DATE REC'D BY LOCAL REG. SEP 22 1949	REGISTRAR'S SIGNATURE J.B. Lanter	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc. 2161 E. Fair
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(Licensed Embelmer's Statement on Reverse Side)

No. 300
10-48
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Watermarked

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Homer V. Dritz.....

Licensed Embalmer No. 3882.....

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.