

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39461**
9789

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. **1003** Registrar's No. _____

1888

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

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 township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If rural, give location) 5562 Clemens	

3. NAME OF DECEASED (Type or Print) a. (First) HARRIS c. (Last) WOLFF	4. DATE OF DEATH (Month) (Day) (Year) Nov. 10 - 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Unknown	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Tailor	11. BIRTHPLACE (State or foreign country) Poland, Pa.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown Anna Wolff	14. NAME OF HUSBAND OR WIFE Unknown
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Paul Wolff - 7457 Cornwall	ADDRESS 7457 Cornwall
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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, asphyxia, 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 Thrombosis		Oct 31, 1949
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Intertracheal fracture right femur		Oct 29, 1949
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 0 K. Smith O. J. Smith 11/11/49	

19a. DATE OF OPERATION 10-29-49	19b. MAJOR FINDINGS OF OPERATION Intertracheal fracture right femur	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 7457 Cornwall Clayton Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 29 1949 11:30 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell while getting out of bed
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22. I hereby certify that I attended the deceased from **Oct 29, 1949**, to **Nov 10, 1949**, that I last saw the deceased alive on **Nov 10, 1949**, and that death occurred at **10:55 A.M.**, from the causes and on the date stated above. **3 D**

23a. SIGNATURE Josiah Madison M.D. (Degree or title)	23b. ADDRESS 520 Wentgate	23c. DATE SIGNED 11-12-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/13/49	24c. NAME OF CEMETERY OR CREMATORY Chapel Hill Emeth Cem. St. Louis, Mo.	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE J. R. Laster	FUNERAL DIRECTOR'S SIGNATURE Herman Rindke of Inc	ADDRESS 5216 Delmar
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NOV 14 1949

STATEMENT BY LICENSED EMBALMER

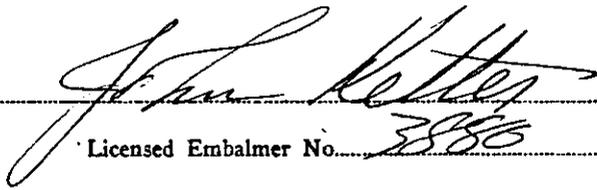
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....



Licensed Embalmer No. 3886

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.