

FILED DEC 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43323**
Registrar's No. **04686**

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>04686</u>	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Bonhomme		c. LENGTH OF STAY (In this place) 4 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Bonhomme			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Ries Rd., Valley Park, Mo.				d. STREET ADDRESS (If rural, give location) Ries Road, Valley Park, Mo. R#1			
3. NAME OF DECEASED (Type or Print) a. (First) Sophia		b. (Middle) R#1		c. (Last) Wolff		4. DATE OF DEATH (Month) (Day) (Year) Dec. 14, 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 21, 1870	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) St. Louis County, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Philip Woerther		13b. MOTHER'S MAIDEN NAME Sophia Migneron		14. NAME OF HUSBAND OR WIFE John Wolff			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emma Weis, Valley Park, Mo. R#1			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary embolism ANTECEDENT CAUSES DUE TO (b) Chronic myocarditis DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none				INTERVAL BETWEEN ONSET AND DEATH 2 weeks ? ? 4221	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 422.1				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____			
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? _____			
22. I hereby certify that I attended the deceased from <u>May 29, 1949</u> , to <u>Dec. 14, 1949</u> , that I last saw the deceased alive on <u>Dec. 14, 1949</u> , and that death occurred at <u>9:45 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE B. R. Loving (Degree or title) M. D.				23b. ADDRESS Ballwin, Mo.		23c. DATE SIGNED 12-15-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/16/49		24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Memorial Park		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. 12-15-49		REGISTRAR'S SIGNATURE Berbert R. A. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schrader Fun'l Home, Ballwin, Mo.			

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

Geo. Schrader

Licensed Embalmer No.

3066

P. O. Address

Bacovia, 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.