

FILED FEB 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6917

State File No. _____

1077

BIRTH NO. 19093-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>ST. LOUIS, MO</u>)		c. CITY (If outside corporate limits, write RURAL and give township) <u>SAINT LOUIS</u> <u>20th</u>	
c. LENGTH OF STAY (in this place) <u>2 d 1</u>		d. STREET ADDRESS (If rural, give location) <u>5056^A ST. LOUIS AVE.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>De Paul Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>Newborn Baby</u> a. (First) <u>Infant</u> b. (Middle) <u>Wolf</u> c. (Last) <u>Wolff</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2</u> <u>2</u> <u>50</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>1/31/50</u>		9. AGE (In years last birthday) <u>1</u> IF UNDER 1 YEAR Months <u>15</u> Days <u>20</u> IF UNDER 24 HRS. Hours <u>15</u> Min. <u>20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>					

13a. FATHER'S NAME <u>JAMES H. WOLFF</u>		13b. MOTHER'S MAIDEN NAME <u>KATHLEEN DE WITT</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give year or dates of service) <u>NONE</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JAMES H. WOLFF, 5056^A ST. LOUIS AVE.</u>	
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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, ashenia, 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) <u>Pulmonary Atelectasis, Bilat.</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Congenital</u>				39 hrs	
DUE TO (b)		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>7102.0</u>	
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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?	
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22. I hereby certify that I attended the deceased from 1/31, 1950, to 2/2, 1950, that I last saw the deceased alive on 2/1, 1950, and that death occurred at 1:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Roy V. Boudaker</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>4500 Olive</u>		23c. DATE SIGNED <u>2/2/50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2/3/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MISSOURI</u>	
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DATE REC'D BY LOCAL REG. <u>FEB 3 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>CALVIN F. FEUTZ, 4828 NAT'L BRIDGE BR.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 John A. Minner

Licensed Embalmer No. 4186

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.