

FILED MAY 27 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 17888

80

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give town) St. Charles	c. LENGTH OF STAY (in this place) 7 yrs	c. CITY (If outside corporate limits, write RURAL and give township) St. Charles 0923	
d. FULL NAME OF HOSPITAL OR INSTITUTION 624 South Fourth Street		d. STREET ADDRESS 624 South Fourth Street	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) William c. (Last) Wolf			4. DATE OF DEATH (Month) (Day) (Year) May 16 1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH March 3-1943
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child & Attending School		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 14 HRS. Hours Min. 7
11. BIRTHPLACE (State or foreign country) St. Louis Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Clarence J. Wolf		13b. MOTHER'S MAIDEN NAME Genevieve F. Echele	14. NAME OF HUSBAND OR WIFE -----
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. NIL	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clarence J. Wolf--St. Charles, Mo.
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Osteogenic sarcoma rib ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. 196X	
19a. DATE OF OPERATION Oct. 1949		19b. MAJOR FINDINGS OF OPERATION Ewing's type osteogenic sarcoma rib	
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)		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 Oct. , 19 49 , to May 16 , 19 50 , that I last saw the deceased alive on May 15 , 19 50 , and that death occurred at 10:00P. m., from the causes and on the date stated above.			
23a. SIGNATURE Virginia J. Canty		23b. ADDRESS M.D. St. Charles, Mo.	23c. DATE SIGNED 5-17-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 19, 1950	24c. NAME OF CEMETERY St. Peter Cemetery	24d. LOCATION (City, town, or county) (State) St. Charles, Missouri
DATE REC'D BY LOCAL REG. 5/26/50	REGISTRAR'S SIGNATURE Francis Stammel	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. C. Ballmeyer & Sons Co 800 N. 2nd--St. Charles, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

0923

RECEIVED
MAY 26 1958
District Health Officer No. 9,
District File Number

STEP 2 10 1958

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 4189

..... Student Embalmer No. 4189

working under my personal supervision.

Student
Student Embalmer

Signed Joseph I Landolt

Licensed Embalmer No. 4189

P. O. Address St Charles 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.