

FILED OCT 18 1950

STANDARD CERTIFICATE OF DEATH

State File No. **35481**
Registrar's No. **8253**

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 _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo.		c. LENGTH OF STAY (In this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2179
d. FULL NAME OF HOSPITAL OR INSTITUTION 5370 Pershing Ave			d. STREET ADDRESS (If rural, give location) 5370 Pershing Ave		
3. NAME OF DECEASED (Type or Print) a. (First) JACOB b. (Middle) WOLF c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) 9/29/50		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 20, 1864		9. AGE (In years last birthday) 86 If under 1 year: Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Salesman	11. BIRTHPLACE (State or foreign country) Arkansas		12. CITIZEN OF WHAT COUNTRY? /
13a. FATHER'S NAME Samuel Wolf		13b. MOTHER'S MAIDEN NAME Winters		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)		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Raul Wolf ADDRESS 5370 Pershing Ave		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 1 hour 1 year
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) C		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? 231X	
22. I hereby certify that I attended the deceased from Oct , 19 42 , to Sept. 30 , 19 50 that I last saw the deceased alive on Sept. 30, 1950 , and that death occurred at 9:20 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE Harold Schoff (Degree or title) M.D.			23b. ADDRESS 457 N. Kings Highway		23c. DATE SIGNED 9/30/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 1, 1950	24c. NAME OF CEMETERY OR CREMATORY Mt. Olive (Jewish)		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
DATE REC'D BY LOCAL REG. SEP 30 1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS 4356 Lindell Blvd	

(Licensed Embalmer's Statement on Reverse Side)

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 Me

working under my personal supervision.

Student Embalmer No.....

Signed.....

Elton H. Remelius

Signed.....
Student Embalmer

Licensed Embalmer No. 4283

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.