

FILED MAY 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15031
Registrar's No. 2006

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3068

1. PLACE OF DEATH a. COUNTY St. Louis		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) Maplewood		c. CITY (If outside corporate limits, write RURAL and give township) Maplewood	
c. LENGTH OF STAY (in this place) 20 yrs.		d. STREET ADDRESS (If rural, give location) 7337 Elm St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7337 Elm St.		e. STREET ADDRESS 7337 Elm St.	

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) T c. (Last) WOLFF			4. DATE OF DEATH (Month) (Day) (Year) Apr. 26, 1951		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 10-3-1865		9. AGE (In years last birthday) 85		10. MONTHS 5 DAYS 7	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME George Wolff		13b. MOTHER'S MAIDEN NAME Harriett Trask		14. NAME OF HUSBAND OR WIFE Ethel L. Longlands Wolff	
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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) No		16. SOCIAL SECURITY NO. 495-14-8527A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Trask Wolff, 7093 Mardella Ave. St. Louis, Mo.	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Parenchymatous Nephritis ANTECEDENT CAUSES 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. General Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 2 years
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Sept 21, 1949, to April 26, 1951, that I last saw the deceased alive on April 26, 1951, and that death occurred at 12:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Vincent J. Townsend MD		23b. ADDRESS 3101^a Sutton Ave Maplewood 17 Mo		23c. DATE SIGNED 4.27.51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-28-1951		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
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DATE REC'D BY LOCAL REG. 4/27/51		REGISTRAR'S SIGNATURE Hubert P. Donke MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jay B. Smith, 7450 Manchester Ave. Maplewood 17, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48
004

1961 ST. ANTON

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. 4029

P. O. Address Maplewood

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.