

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35783

State File No. _____

FILED OCT 23 1951

318

1003

8901

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8901	
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		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 4129 Kossuth	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4129 Kossuth Ave.				d. STREET ADDRESS (If rural, give location) 4129 Kossuth			
3. NAME OF DECEASED (Type or Print) a. (First) Caroline b. (Middle) Anna c. (Last) Wolff			4. DATE OF DEATH (Month) (Day) (Year) Oct. 6 1951				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 17, 1858		9. AGE (In years last birthday) 93	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Louis Missouri		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Henry Grewe		13b. MOTHER'S MAIDEN NAME Caroline Kohlwas		14. NAME OF HUSBAND OR WIFE Phillip Wolff			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Hilda Hohengarten ADDRESS 4129 Kossuth				
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.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic cardio-vascular disease 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.					INTERVAL BETWEEN ONSET AND DEATH cannot state
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) _____		21b. PLACE OF INJURY (e.g., to 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? 4221			
22. I hereby certify that I attended the deceased from Oct. Jan , 1950, to October 6 , 1951, that I last saw the deceased alive on October 4 , 1951, and that death occurred at 6:40 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Russell Aufferman M.D.				23b. ADDRESS 4110 W. Florissant		23c. DATE SIGNED Oct. 8, 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 9, 1951	24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		
DATE REC'D BY LOCAL REG. 10/9 1951		REGISTRAR'S SIGNATURE J. Earl Smith M.O.		25. FUNERAL DIRECTOR'S SIGNATURE Beiderwieden F. H. Inc. ADDRESS 1936 St. Louis Ave			

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *[Handwritten Signature]* _____

Signed.....
Student Embalmer

Licensed Embalmer No. *4329*

P. O. Address *J. J. Ford, Fla.*

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.