

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3480**  
Registrar's No. **0114**

FILED FEB 8 1952

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1002**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>33 University City 4336</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>6358 Waterman Ave.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>NORMAN</b> b. (Middle) <b>C.</b> c. (Last) <b>WOLFF</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 6, 1952</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 1, 1886</b>
9. AGE (In years last birthday) <b>65</b>		10. MONTHS <b>6</b>	11. DAYS <b>5</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Insurance Broker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Insurance</b>	11. BIRTHPLACE (State or foreign country) <b>Newport, Arkansas</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>Sigmund Wolff</b>	
13b. MOTHER'S MAIDEN NAME <b>Elise Altschul</b>		14. NAME OF HUSBAND OR WIFE <b>Helen G. Wolff</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>497-10-2444</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. N. C. Wolff</b>		ADDRESS <b>6358 Waterman</b>	
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) <b>Cerebral Hemorrhage</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Crisis</b> DUE TO (c) <b>vascular disease</b> 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"/>			
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) <b>St. Louis Mo</b>			
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? <b>HH3X</b>			
22. I hereby certify that I attended the deceased from <b>Dec 26, 1951</b> , to <b>1/5, 1952</b> , that I last saw the deceased alive on <b>1/5, 1952</b> , and that death occurred at <b>9:00 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Lucian Levy</b>		23b. ADDRESS <b>4952 Maryland - St. L.</b>	
23c. DATE SIGNED <b>1/6/52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>1/7/52</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JAN 7 1952</b>		REGISTRAR'S SIGNATURE <b>Earl Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Herman R. ...</b>		ADDRESS <b>5216 Delmar</b>	

---

---

**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.

Signed

*Peter B. Dubouillet*

Signed .....

Student Embalmer

Licensed Embalmer No. *3691*

P. O. Address *Richmond Heights, 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.**