

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10780**  
**2979**

APR 12 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

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. 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>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>5748 McPherson Ave.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>NATHAN</b>	b. (Middle)	c. (Last) <b>WOLFF</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 29, 1952</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <b>Married</b> (Specify)	8. DATE OF BIRTH <b>June 30, 1888</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Men's Wear</b>	9. AGE (In years last birthday) <b>63</b>	11. BIRTHPLACE (State or foreign country) <b>9</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			

13a. FATHER'S NAME <b>Jacob Wolff</b>	13b. MOTHER'S MAIDEN NAME <b>Ida Schwartz</b>	14. NAME OF HUSBAND OR WIFE <b>Ann Wolff</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY (If yes, give war or dates of service) <b>488-05-4496</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. N. Wolff - 5748 McPherson Ave.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ventricular Fibrillation</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Occlusion</b> DUE TO (c) <b>Arteriosclerotic Heart Disease</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes Mellitus</b>		INTERVAL BETWEEN ONSET AND DEATH <b>terminal</b> <b>4 wks.</b> <b>years</b> <b>years</b>
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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? <b>-4200</b>

22. I hereby certify that I attended the deceased from **1929** to **3-29-1952**, that I last saw the deceased alive on **3-29-52**, and that death occurred at **9: A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>B. G. Klassberg M.D.</b> (Degree or title)	23b. ADDRESS <b>4500 Olive St.</b>	23c. DATE SIGNED <b>3/29/52</b>
24a. BURIAL, CREMATION, OR REMOVAL <b>Removal</b>	24b. DATE <b>3/31/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olive Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>		

DATE REC'D BY LOCAL REG. <b>MAR 31 1952</b>	REGISTRAR'S SIGNATURE <b>Charles Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>5216 Debuau</b>
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(Licensed Embalmers' Sealment 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Peter B. Dubouillet

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3691

P. O. Address Richmond Heights

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.