No. 300
10.48

FILED MAR 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11627

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 396

1. PLACE OF DEATH
a. COUNTY St Louis Mo
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lemay
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lemay Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
d. STREET ADDRESS (If rural, give location) 6234a Nottingham

3. NAME OF DECEASED (Type or Print)
a. (First) Harry
b. (Middle) O.
c. (Last) Wolf

4. DATE OF DEATH (Month) (Day) (Year) Feb. 10, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan. 20, 1895
9. AGE (In years last birthday) 57 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Disabled War Veteran
10b. KIND OF BUSINESS OR INDUSTRY –
11. BIRTHPLACE (State or foreign country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Henry Wolf
13b. MOTHER'S MAIDEN NAME Johanna Pauche
14. NAME OF HUSBAND OR WIFE Jean Kierath

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO. –
17. INFORMANT'S SIGNATURE OR NAME Mr. Harry Hilgeman — ADDRESS 6234a Nottingham 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis — 7 yrs.
DUE TO (c) Bronchial Asthma — 7 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 0 72.41X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/9, 1952, *to* 2/10, 1952, *that I last saw the deceased alive on* 2/10, 1952, *and that death occurred at* 10:05 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE Mitchell L. Bartnick (Degree or title) M.D.
23b. ADDRESS 7629 So. Broadway
23c. DATE SIGNED 2/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb. 13, 1952
24c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery
24d. LOCATION (City, town, or county) St. Louis, Missouri (State)

DATE REC'D BY LOCAL REG. 2-12-52
REGISTRAR'S SIGNATURE Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE BEIDERWIEDEN F.H.INC., ADDRESS 1936 St.Louis Ave.

(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 ——

working under my personal supervision.

Student Embalmer No. ——

Signed Max L. Warfel

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis Av

Signed ——
Student Embalmer

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.