S. No. 300
v. 10.48

FILED APR 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14944

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1832

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

1. PLACE OF DEATH
a. COUNTY: 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS. MO —
c. LENGTH OF STAY (in this place): 36 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MISSOURI. PACIFIC. HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: 4495
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 49 RICHMOND HTS. 1
d. STREET ADDRESS (If rural, give location): 1032 COMMODORE DR.

3. NAME OF DECEASED (Type or Print)
a. (First): ELIZABETH —
b. (Middle):
c. (Last): WOLF.

4. DATE OF DEATH (Month) (Day) (Year): Feb — 24 — 1952

5. SEX: F. 1
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 11 — 1882.
9. AGE (In years last birthday): 69 — 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): HOUSEWORK
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): STREETER, ILL. 1
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: TOM BRENNAN
13b. MOTHER'S MAIDEN NAME: MARY BERGEN
14. NAME OF HUSBAND OR WIFE: GEORGE WOLF

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.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: GEORGE WOLF 1032 COMMODORE DR.

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): Uremia —

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma of Cervix Stage IV.
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: Oct 1951 — Feb — 1952.

19a. DATE OF OPERATION: 10-4-51
19b. MAJOR FINDINGS OF OPERATION: Biopsy of cervix positive for Ca. Stage IV
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?: 171X

22. *I hereby certify that I attended the deceased from* 10 — 4, 1951, *to* 2 — 24, 1952, *that I last saw the deceased alive on* 2 — 23, 1952, *and that death occurred at* 6 24 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Royal A. Weir M.D.
23b. ADDRESS: 1755 So. Grand
23c. DATE SIGNED: 2-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 2-27-52
24c. NAME OF CEMETERY OR CREMATORY: S/S PETER & PAUL
24d. LOCATION (City, town, or county) (State): ST. LOUIS, MO.

DATE REC'D BY LOCAL REG.: FEB 26 1952
REGISTRAR'S SIGNATURE: J Carl Smith MD MJB
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: KRIEGSHAUSER 4228 S. KINGSHIGHWAY

(Licensed Embalmer's Statement on Reverse Side)

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 Richard V. Stovesand

Licensed Embalmer No. 4007

P. O. Address.....

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.