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FILED MAR 2 - 1953

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8367

BIRTH NO. _____		REG. DIST. NO. <u>319</u>		PRIMARY REG. DIST. NO. <u>4469</u>		Registrar's No. <u>15</u>			
1. PLACE OF DEATH a. COUNTY <u>ST. GENEVIEVE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. GENEVIEVE</u>					
b. CITY OR TOWN <u>ST. GENEVIEVE</u>		c. LENGTH OF STAY (In this place) <u>374M</u>		c. CITY OR TOWN <u>ST. GENEVIEVE</u>		0951			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>217 JEFFERSON ST</u>				d. STREET ADDRESS (If rural, give location) <u>217 JEFFERSON ST</u>					
3. NAME OF DECEASED (Type or Print) <u>CHARLES THEODORA WOLF</u>			a. (First)			b. (Middle)			
c. (Last)			4. DATE OF DEATH			(Month) (Day) (Year)			
5. SEX <u>MALE</u>			6. COLOR OR RACE <u>WHITE</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>			
8. DATE OF BIRTH <u>APRIL 28 1887</u>			9. AGE (In years last birthday) <u>65</u>			10. IF UNDER 1 YEAR Months Days			
11. IF UNDER 24 HRS. Hours Min.			10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BARBER</u>			10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) <u>ST. MARY'S MO</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>						
13a. FATHER'S NAME <u>ANDREW JOHN WOLF</u>			13b. MOTHER'S MAIDEN NAME <u>MARY LOUISE ROULETTE</u>			14. NAME OF HUSBAND OR WIFE <u>ROSE METZ</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WWI</u>			16. SOCIAL SECURITY NO. <u>497-10-7059</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Rose Wolf, St. Genevieve Mo</u>			
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.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myelomatosis</u>					MEDICAL CERTIFICATION <u>Cyctic Carcinoma of Stomach</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) <u>Carcinoma of Stomach</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
DUE TO (c) <u>Carcinoma of Liver</u>			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prostatic Proliferation</u> <u>Bladder Disease</u>					151X	
19a. DATE OF OPERATION <u>6-5-52</u>			19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Liver and Stomach</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
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?			
22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>49</u> to <u>Feb 19</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Feb 19</u> , 19 <u>53</u> , and that death occurred at <u>6.15</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Alaprasak</u> (Degree or title)					23b. ADDRESS <u>St. Genevieve Mo</u>		23c. DATE SIGNED <u>2-20-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			24b. DATE <u>FEB 22 1953</u>			24c. NAME OF CEMETERY OR CREMATORY <u>VALLE SPRING</u>		24d. LOCATION (City, town, or county) (State) <u>ST. GENEVIEVE MO</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 25, 1953</u>			REGISTRAR'S SIGNATURE <u>Lucille Basler</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Luc Basler</u> ADDRESS <u>St. Genevieve Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 13 1969

**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 Adrian J. Ehler

Licensed Embalmer No. 4740

P. O. Address St. Genevieve 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.