

No. 300
10-48

FILED OCT 2 1953

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

34705

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2293

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write BUREAU and give township) OR TOWN <u>Bellefontaine Neighbors.</u>		c. CITY (If outside corporate limits, write BUREAU and give township) OR TOWN <u>Bellefontaine Neighbors 02⁰</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis State Training School</u>		d. STREET ADDRESS (If rural, give location) <u>10695 Bellefontaine Road</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jerrold Wayne Wolff</u> b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>8 23 1953</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		
8. DATE OF BIRTH <u>Nov. 31, 1950</u>		9. AGE (In years last birthday) <u>2 yrs 9</u>		10. IF UNDER 1 YEAR <u>3</u> IF UNDER 5 MIN. <u>5</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>						

13a. FATHER'S NAME <u>William GEORGE WOLFF</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret June Calout</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Records of St. Louis State Tr. School</u> ADDRESS <u>10695 Bellefontaine Road</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral Lobar Pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) <u>Cerebral Palsy</u>			<u>since birth</u>
		DUE TO (c) _____			
19a. DATE OF OPERATION _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Epilepsy</u>			<u>since birth</u>
		19b. MAJOR FINDINGS OF OPERATION _____			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		351X			

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 August 16, 1953, to Aug. 23, 1953, that I last saw the deceased alive on Aug 23, 1953, and that death occurred at 59 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edward Paul Wolff</u> (Degree or title) <u>M. D. D</u>		23b. ADDRESS <u>10695 Bellefontaine Road</u>		23c. DATE SIGNED <u>8/23/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>8/26/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Lemay 23, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>8-25-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dromke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fendler Und. Co., 7420 Michigan</u>	
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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.....

W. G. Petersen

Signed.....
Student Embalmer

Licensed Embalmer No. *3767*

P. O. Address *7420 Michigan*

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.