

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3448

State File No.

FILED FEB 5 1954

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 0726

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|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>0</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 RURAL and give township) OR TOWN <u>St. Louis</u> | | c. CITY OR TOWN <u>Clayton</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>2 Wks.</u> | | e. STREET ADDRESS (If rural, give location) <u>7412 Buckingham</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hospital</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 22, 1954</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Irwin</u> b. (Middle) <u>Wolff</u> c. (Last) <u>Wolff</u> | | 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>About 1890</u> | |
| 9. AGE (In years last birthday) <u>Ab. 63</u> | | 10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dealer</u> | |
| 10b. KIND OF BUSINESS OR INDUSTRY <u>Scrap Metals</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Russia</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>Sam Wolff</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Dora Zelkovski</u> | | 14. NAME OF HUSBAND OR WIFE <u>Rose</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Marvin A. Stein</u> | | ADDRESS <u>4715 McPherson Ave.</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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chr Glomerulonephritis</u> | | <u>Unknown</u> | |
| DUE TO (c) <u>Hypertension</u> | | <u>Unknown</u> | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Atherosclerosis</u> | | <u>Unknown</u> | |
| 19a. DATE OF OPERATION <u> </u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 19b. MAJOR FINDINGS OF OPERATION <u> </u> | | 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u> </u> | |
| 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u> </u> | |
| 21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) <u> </u> m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? <u> </u> | | <u>592X</u> | |
| 22. I hereby certify that I attended the deceased from <u> </u> , 19 <u>54</u> , to <u>22 Jan</u> , 19 <u>54</u> that I last saw the deceased alive on <u>22 Jan 54</u> , and that death occurred at <u>9:03 pm.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Leo Gottlieb M.D.</u> | | 23b. ADDRESS <u>957 N. King Highway</u> | |
| 23c. DATE SIGNED <u>22 Jan 54</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | |
| 24b. DATE <u>1/24/1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Emeth</u> | |
| 24d. LOCATION (City, town or county) (State) <u>University City, Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Berger Memorial</u> | |
| 25. ADDRESS <u>4715 McPherson Ave.</u> | | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>JAN 25 1954</u> | |

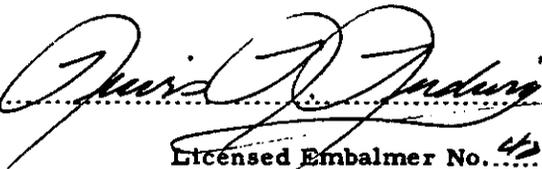
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(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
Signature of Student Embalmer

Signed 
Licensed Embalmer No. 4727
P. O. Address

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**