

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7011**
Registrar's No. **1841**

BIRTH NO. **FILED MAR 8 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

| | | | | | | |
|---|--|---|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis Mo | | c. LENGTH OF STAY (in this place) 1 hr. | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | d. STREET ADDRESS (If rural, give location) 15 4510a S. Compton | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. | | | d. STREET ADDRESS (If rural, give location) 15 4510a S. Compton | | | |
| 3. NAME OF DECEASED (Type or Print) Frank | | | a. (First) | b. (Middle) | c. (Last) Wolf | |
| 4. DATE OF DEATH feb 25 54 | | 4. DATE (Month) (Day) (Year) | 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | |
| 8. DATE OF BIRTH 10/3/82 | | 9. AGE (In years last birthday) 71 | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor | 10b. KIND OF BUSINESS OR INDUSTRY Own | 11. BIRTHPLACE (City and State or Foreign Country) 6 Checkosloavkia | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | 13a. FATHER'S NAME John Wolf | | | |
| 13b. MOTHER'S MAIDEN NAME Unk. | | | 14. NAME OF HUSBAND OR WIFE Mamie 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. 488-05-2744 | 17. INFORMANT'S SIGNATURE OR NAME Mamie Wolf ADDRESS 4510a S. Compton | | | |

| | | | | | | |
|---|--|----------------------------------|---|--|--|----------------------------------|
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | | | Cerebral Hemorrhage | | | |
| ANTECEDENT CAUSES | | | DUE TO (b) | | | |
| Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | DUE TO (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS | | | Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 331X | |

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **8:30A** m., from the causes and on the date stated above.

| | | | | | |
|--|--|---|--|---|--|
| 23a. SIGNATURE (Degree or title) <i>James E. Dyer</i> | | 23b. ADDRESS 130. Clark | | 23c. DATE SIGNED 2/27/54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) removal | | 24b. DATE 2/27/54 | 24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Mausaleum | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo | |
| DATE REC'D BY LOCAL REG. FEB 26 1954 | | REGISTRAR'S SIGNATURE <i>Carl Smith</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE Schumacher Funeral Home Inc. 3013 ADDRESS | |

(Licensed Embalmer's Statement on Reverse Side)

Meramec

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Jack Haupt

Licensed Embalmer No. 4746

P. O. Address Albany 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.