

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3331**

FILED FEB 9 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 39

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clayton</b>		c. CITY OR TOWN <b>Webster Groves</b>	
c. LENGTH OF STAY (in this place) <b>1 Hr.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis Co. Hospital</b>		STREET ADDRESS (If rural, give location) <b>220 Chestnut</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Frederick Peter</b> b. (Middle) <b>Wolf</b> c. (Last) <b>Wolf</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1-6-55</b>		
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>8-22-1873</b>		9. AGE (In years last birthday) <b>81</b>		10. IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Recorders Office</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Peter F Wolf</b>		13b. MOTHER'S MAIDEN NAME <b>Barbara Hoffman</b>	
14. NAME OF HUSBAND OR WIFE <b>Anna Mae Wolf</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>	

17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. F.P. Wolf</b>		ADDRESS <b>220 Chestnut</b>	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): <b>Hypertensive Cardio-Vascular Disease 24 yrs.</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Arteriosclerosis, General</b>		24 yrs.	
DUE TO (c) <b>Prostatic Hypertrophy, Benign</b>				2 yrs.	
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 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 8-9, 1954, to 10-26, 1954, that I last saw the deceased alive on 11-26, 1954, and that death occurred at 12:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>C. Parker, M.D.</b> (Degree or title)		23b. ADDRESS <b>601 S. Brentwood</b>		23c. DATE SIGNED <b>1/6/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-8-1955</b>		24c. NAME OF CEMETERY, OR CREMATORY <b>St. Pauls Churchyard</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>					

DATE REC'D BY LOCAL REG. <b>1-7-55</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Domb</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter F. Home</b>	
				ADDRESS <b>Webster Groves Mo.</b>	

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Lester Welch*

Licensed Embalmer No..... *437*

P. O. Address..... *Holston Grove*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.