

10415

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

1998

No. 300
10.48

FILED MAR 18 1955

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION 2601a Rauschenbach Avenue.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Mamie b. (Middle) T. c. (Last) Wolf.		4. DATE OF DEATH (Month) (Day) (Year) March 2, 1955.	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 26, 1901.
9. AGE (In years last birthday) 53	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shirt Finisher.	11. BIRTHPLACE (City and State or Foreign Country) St. Meinerd, Indiana.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John T. Schneider.	13b. MOTHER'S MAIDEN NAME Victoria Pfaff.	14. NAME OF HUSBAND OR WIFE William 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. 495-16-8479	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. William Wolf, 2601a Rauschenbach Ave.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cocaine / Generalized and metastasis over entire body. ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) body. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS* <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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? 1999'		

22. I hereby certify that I attended the deceased from **Feb 18, 1955**, to **March 2, 1955**, that I last saw the deceased alive on **March 1, 1955**, and that death occurred at **8:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles M. Mellis	23b. ADDRESS D.O.2 3823 N. 20th	23c. DATE SIGNED 3/2/55
24a. BURIAL, CREMATION, REMOVAL	24b. DATE March 5, 1955.	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F.H. Inc. 1936 St. Louis Avenue.	
DATE REC'D BY LOCAL REG. MAR 3 1955	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	3.22 (Licensed Embalmer's Statement on Reverse Side)

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 _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 45

P. O. Address St. Louis

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.