300
48

FILED SEP 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28317

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7032

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Johns Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
STREET ADDRESS (If rural, give location): 14 6420 Pernod Ave. 2140

3. NAME OF DECEASED (Type or Print): a. (First) August b. (Middle) William c. (Last) Wolf

4. DATE OF DEATH (Month) Aug. (Day) 10 (Year) 1955

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 15, 1892

9. AGE (In years last birthday): 63 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Beer Bottler

10b. KIND OF BUSINESS OR INDUSTRY: Falstaff

11. BIRTHPLACE (City and State or Foreign Country): Stone Church, Ill.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: August Wolf

13b. MOTHER'S MAIDEN NAME: Anna Tiemeyer

14. NAME OF HUSBAND OR WIFE: Dora Wolf

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 488-09-5287

17. INFORMANT'S SIGNATURE OR NAME: Mrs. Dora Wolf ADDRESS: 6420 Pernod Ave.

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) Peritonitis, subacute, cause undetermined — I. INTERVAL BETWEEN ONSET AND DEATH: 3 mo.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
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: Aug. 1955

19b. MAJOR FINDINGS OF OPERATION: Low grade aseptic peritonitis 576X

20. AUTOPSY? YES [ ] NO [X]

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) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 2, 1954, *to* Aug 10, 1955, *that I last saw the deceased alive on* Aug 9, 1955, *and that death occurred at* 2:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John G Matthews MD

23b. ADDRESS: 3707 Watson Rd

23c. DATE SIGNED: 8-11-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Aug. 12, 1955

24c. NAME OF CEMETERY OR CREMATORY: Our Redeemer

24d. LOCATION (City, town, or county) (State): Affton, Mo.

DATE REC'D BY LOCAL REG. AUG 11 1955

REGISTRAR'S SIGNATURE: J. Earl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Hoffmeister Colonial Mortuary 6464 Chippewa St., St. Louis, Mo.

(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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Louis C. Hoffmeister

Licensed Embalmer No 38

P. O. Address 7814 S

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.