

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED FEB 17 1956

1337

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 MO**

c. CITY OR TOWN **ST. LOUIS**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Missouri Baptist Hosp.**

e. STREET ADDRESS (If rural, give location) **15 4731 RAY** 2159

3. NAME OF DECEASED (Type or Print)
a. (First) **CHARLES** b. (Middle) _____ c. (Last) **WOLF**

4. DATE OF DEATH (Month) (Day) (Year) **FEB. 5 1956**

5. SEX **MALE** 6. COLOR OR RACE **WHITE**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **DIVORCED**

8. DATE OF BIRTH **OCT. 10 1878**

9. AGE (In years last birthday) **77** 10. UNDER 1 YEAR Months _____ Days _____ 11. UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **RETIRED GROCER**

10b. KIND OF BUSINESS OR INDUSTRY **GROCERY**

11. BIRTHPLACE (City and State or Foreign Country) **MISSOURI**

12. CITIZEN OF WHAT COUNTRY? **U-S-A**

13a. FATHER'S NAME **FRED WOLF**

13b. MOTHER'S MAIDEN NAME **UNKNOWN**

14. NAME OF HUSBAND OR WIFE **UNKNOWN**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No**

16. SOCIAL SECURITY NO. **499-36-9826**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **FLORENCE NEMEC 4731 RAY**

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, asphyxia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **General Carcinomatosis**
General Carcinomatosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. **Primary carcinoma of lung**
DUE TO (b) **Primary carcinoma of lung**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS **Bleeding stomach, Esophagus!**
Conditions contributing to the death but not related to the disease or condition causing death. **Hiatus hernia (bleeding stomach)**

INTERVAL BETWEEN ONSET AND DEATH **unknown**
2 mo.

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION **esophageal hiatus hernia**

20. AUTOPSY? YES NO

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) **162x**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **2-6-56**

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 **Dec 17 1955** to **Feb 5 1956**, that I last saw the deceased alive on **Feb 6 1956** and that death occurred at **2 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE **Wm. R. Gu...** (Degree or title) **M.D.**

23b. ADDRESS **2227 S. Broadway**

23c. DATE SIGNED **2-7-56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL**

24b. DATE **FEB. 8 1956**

24c. NAME OF CEMETERY OR CREMATORY **SALEM EV. LUTH. CEM.**

24d. LOCATION (City, town, or county) (State) **BLACK JACK MO**

DATE REC'D BY LOCAL REG. **FEB 7 1956**

REGISTRAR'S SIGNATURE **Carl Smith**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Thomas Kutw 2906 Gravois**

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 A, Student Embalmer No.

working under my personal supervision.

Student
Signature of Student Embalmer

Signed *James C. Hill*

Licensed Embalmer No. *434*

P. O. Address *2906*

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.