

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 18 1956

STATE FILE NUMBER

44127
10536

Registration District No. **318** Primary Registration District No. **1003** Registrar 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, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #1. | | | Length of stay in lb 78 years | | d. STREET ADDRESS (If outside, give location) 4458 Norfolk |
| 3. NAME OF DECEASED (Type or print) ERNEST F. WOLF | | | 4. DATE OF DEATH NOV. 17, 1956 | | Month Day Year |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Dec. 4, 1877 | | 9. AGE (In years last birthday) 78 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant | | 10b. KIND OF BUSINESS OR INDUSTRY Retail Grocery | | 11. BIRTHPLACE (City and state or country) St. Louis, Missouri | |
| 13. FATHER'S NAME John Henry Wolf | | | 14. MOTHER'S MAIDEN NAME Johanna Pauche | | |
| 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. none | | 17. INFORMANT Address Mrs. Arthur J. Baumer, 4453 Vista Ave. | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia | | | | | INTERVAL BETWEEN ONSET AND DEATH 1 week |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterial nephrosclerosis | | | | | unknown |
| DUE TO (c) 446XA | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Pulmonary Tuberculosis | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from 11/3/56 to 11/17/56 and last saw her alive on 11/17/56 Death occurred at 8922 m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) John M. McCarthy, M.D. | | 22b. ADDRESS 1515 LAFAYETTE AVE. | | 22c. DATE SIGNED 11/19/56 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. NAME OF CEMETERY OR CREMATORY Our Redeemer Cemetery | | 23c. LOCATION (City, town, or county) (State) St. Louis County, Mo. | |
| 24. FUNERAL DIRECTOR ADDRESS BEIDERWIEDEN F.H., Inc, 1936 St. Louis Ave. | | 25. DATE REGD. BY LOCAL REG. NOV 19 1956 | | 26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Delia J. Krip
Licensed Embalmer No. _____

P. O. Address _____

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.