

No. 300
10.48

FILED JUL 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26723

State File No.

318

1003

Registrar's No. 6458

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.		
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <input checked="" type="checkbox"/>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Deaconess Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>227 26020 S. Kingshighway</u>					
3. NAME OF DECEASED (Type or Print) <u>DOROTHY</u>			a. (First)		b. (Middle) <u>M</u>		c. (Last) <u>WOLFF</u>	
4. DATE OF DEATH <u>JULY 10, 1957</u>			4. DATE (Month) (Day) (Year)					
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>Feb 18 1903</u>		
9. AGE (In years last birthday) <u>54</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		IF UNDER 1 MIN. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cashier of insurance Company</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John M. Wolff</u>			13b. MOTHER'S MAIDEN NAME <u>Edith Mary Foster</u>			14. NAME OF HUSBAND OR WIFE <u>none</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>488-01 8780</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Andrew Smith 418 Mission Court.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive Gastric Hemorrhage (Recurrent)</u> DUE TO (b) <u>Gastric Ulcer (Upper Portion of Stomach)</u> DUE TO (c) <u>Partial Rupture of Surgical Wound</u>					INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u> <u>1 year</u> <u>1 day</u>	
19a. DATE OF OPERATION <u>7-3-57</u>		19b. MAJOR FINDINGS OF OPERATION <u>Subtotal gastrectomy - no active Bleeding Point Found. 7/10/57 Secondary Wound</u>					20. AUTOPSY? <u>2</u> 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) <u>Clasowe</u>		21d. (STATE) <u>Missouri</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>June 29, 1957</u> , to <u>July 10, 1957</u> , that I last saw the deceased alive on <u>July 10, 1957</u> , and that death occurred at <u>11:10 P.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>J. M. Norton, M.D.</u>				23b. ADDRESS <u>634 No. Grand Blvd. St. Louis, Mo.</u>		23c. DATE SIGNED <u>7-11-57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>cremation</u>		24b. DATE <u>7/12/1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Missouri.</u>		
DATE REC'D BY LOCAL REG. <u>JUL 11 1957</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.R. Lupton and Sons 7233 Delmar Blv'd.</u>				

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

(Licensed Embalmer's Statement on Reverse Side)

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 *Clarence H. M...*.....

Licensed Embalmer No. *401*.....

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.