

FILED DEC 10 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. **318 318** Primary Registration District No. **1003 1003**

Registrar's No. **11472**

S. 300
v. 1-57

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		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 Bernard Nursing Home		Length of stay in lb 5 yrs	d. STREET ADDRESS 4385 Maryland Ave		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print): First NORMAN Middle L. Last WOLFF			4. DATE OF DEATH Month November Day 27 Year 1957		
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 July 31, 1925	9. AGE (In years last birthday) 32	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) Sales promotion		10b. KIND OF BUSINESS OR INDUSTRY Tobacco	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME The Rev. Norman Lewis Wolff		13b. MOTHER'S MAIDEN NAME Louise Zimmermann		14. NAME OF HUSBAND OR WIFE Ruth Wolff,	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes WWII		16. SOCIAL SECURITY NO. 355-16-6704	17. INFORMANT Address Ruth Wolff, 459 Newport, Webster Groves, Mo.		
18. CAUSE OF DEATH (Enter only one cause on line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Septicemia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Pyelitis secondary to DUE TO (c) Post Hemorrhagic Cerebral Atrophy PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 600.0					INTERVAL BETWEEN ONSET AND DEATH 2 days 3-4 days 5 1/2 yrs
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 <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 12-24-57 to 11-27-57 and last saw her alive on 11-27-57 Death occurred at 10:45 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Albert Kaplan M.D.		22b. ADDRESS 607 N. Grand		22c. DATE SIGNED 11-29-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE Nov. 30, 1957	23c. NAME OF CEMETERY OR CREMATORY Our Redeemer Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
24. FUNERAL DIRECTOR BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave		25. DATE RECD. BY LOCAL REG. NOV 30 57		26. REGISTRAR'S SIGNATURE J Carl Smith md <i>acm</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Dr. Albert Kaplan
University Club Bldg.

Box 1 - 1055

SE 5-4000 - 1000
Unit 10
Bldg. 10

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 Philip J. Krupin

Licensed Embalmer No. 3497

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.