

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3805  
STATE FILE NUMBER  
192

FILED JAN 17 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF DECEASED <b>Jacob Orthodox</b>		d. STREET ADDRESS (If outside, give location) <b>1270 5531 Perching</b>	
HOSPITAL OR INSTITUTION <b>Old Folks Home</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Length of stay in lb <b>17 yrs.</b>			
3. NAME OF DECEASED (Type or print) First <b>JACOB</b> Middle Last <b>WOLF</b>		4. DATE OF DEATH Month <b>Jan.</b> Day <b>6</b> Year <b>1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 1, 1868</b>
9. AGE (In years, months, days) <b>89</b>		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) <b>Mgr.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Winery</b>	11. BIRTHPLACE (City and state or country) <b>Germany</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Moses Wolf</b>	
13b. MOTHER'S MAIDEN NAME <b>Theresa</b>		14. NAME OF HUSBAND OR WIFE <b>Adelheid</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Ludwig Wolf 5531 Perching</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerosis, Generalized</b> <b>&amp; Progressive Debilitation</b> DUE TO (b) _____ DUE TO (c) _____ 450.0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Terminal Broncho-pneumonia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Yrs.</b>
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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION <b>10/57</b> to <b>1/6/58</b> and last saw <sup>her</sup> him alive on <b>1/6/58</b>		20f. COUNTY STATE	
21. I attended the deceased from Death occurred at <b>11:10 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		21. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
22a. SIGNATURE <b>Roy Greenbaum M.D.</b>		22b. ADDRESS <b>4652 Maryland</b>	
22c. DATE SIGNED <b>1/8/58.</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Rem.</b>		23b. DATE <b>1/9/58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olive</b>		23d. LOCATION (City, town, or county) (State) <b>University City, Mo.</b>	
24. FUNERAL DIRECTOR <b>Berger Memorial 4715 MCPerson</b>		25. DATE RECD. BY LOCAL REG. <b>JAN 8 58</b>	
26. REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>			

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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, News A. Ludwig

Licensed Embalmer No. 4229

P. O. Address .....

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.