

FILED FEB 14 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3038-58

3806

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **795**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).  
a. STATE Missouri b. COUNTY St. Charles

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri c. LENGTH OF STAY (In this place) 12 HRS.

c. CITY OR TOWN St. Charles d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Childrens Hospital

e. STREET ADDRESS (If rural, give location) 30 1915 Kramel Place 0730

3. NAME OF DECEASED  
a. (First) John b. (Middle) William c. (Last) Wolf

4. DATE OF DEATH (Month) (Day) (Year) 1 22 1958

5. SEX Male 6. COLOR OR RACE White

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

8. DATE OF BIRTH 1-19-58

9. AGE (In years last birthday) IF UNDER 1 YEAR Months 3 Days \_\_\_\_\_ IF UNDER 24 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and State or Foreign Country) St. Charles, Missouri

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

13a. FATHER'S NAME Winston H. Wolf

13b. MOTHER'S MAIDEN NAME Mary E. Blackhurst

14. NAME OF HUSBAND OR WIFE Single

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

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Helen Neustein-6005 Kinross Highway

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
*\* This does not mean the mode of death, such as heart failure, pneumonia, etc. It means the disease, injury, or complication which caused death.*

II. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral hemorrhage ? dural tear

INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES DUE TO (b) Birth trauma

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 760.0

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

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) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_

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 1-21-1958, to 1-22-1958, that I last saw the deceased alive on 1-22-1958, and that death occurred at 12:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE Don J. Thurston M.D. (Degree or title)

23b. ADDRESS Childrens Hospital

23c. DATE SIGNED JAN 22 '58

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

24b. DATE Jan. 23, 1958

24c. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery 24d. LOCATION (City, town, or county) (State) St. Charles, Mo.

DATE REC'D BY LOCAL REG. JAN 22 '58

REGISTRAR'S SIGNATURE Carl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arthur C. Davis St. Charles, Mo.

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

Patient transferred from ...

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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 *Arthur C. Bane*.....

Licensed Embalmer No. *3155*.....

P. O. Address *H. Charles, 2*.....

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.