

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-003658

STATE FILE NUMBER

2 810

FILED FEB 10 1959

Registration District No. Primary Registration District No.

Registrar's No.

300  
-57  
27  
21

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		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Chronic		d. STREET (If outside, give location) ADDRESS 5247 Waterman	
Length of stay in lb 18 yrs		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last EMILY KATHERINE WOLFF			4. DATE OF DEATH Month Day Year Jan. 22, 1959		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 5, 1878	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Peru, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Wagner	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Bradley Buchanan Wolff
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no none	16. SOCIAL SECURITY NO. none	17. INFORMANT Earle V. Wolff	Address Cleveland, Ohio
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic Heart Disease</i> DUE TO (b) <i>Fracture of Right Hip.</i> DUE TO (c) <i>E9047 45</i>		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>fell at Chronic Hospital</i>	20c. TIME OF INJURY Hour Month, Day, Year <i>11:19 a.m. Jan 19 1958.</i>
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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.) <i>131 Hosp.</i>	20f. CITY, TOWN, OR LOCATION <i>St. Louis Mo</i>	COUNTY STATE
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21. I attended the deceased from Death occurred at <i>355 1/2</i> to and last saw her alive on <i>3</i> of the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>Joseph M. Johnson</i>	(Degree) <i>3</i>	22b. ADDRESS <i>1300 Clark</i>	22c. DATE SIGNED <i>1/24/59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>1/24/59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Parkland Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis County, Missouri</i>
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24. FUNERAL DIRECTOR <i>Alexander &amp; Sons</i>	ADDRESS <i>6175 Delmar.</i>	25. DATE RECD. BY LOCAL REG. <i>JAN 24 '59</i>	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, m.d.</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Gas. E. McCulloh* .....  
Licensed Embalmer No. 2460

P. O. Address 6175 1/2 .....

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.