

**MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**FILED VS OCT 19 1959**

**59-038357**

Registration District No. 317

Primary Registration District No. 545

Registrar's No. 2702

STATE FILE NUMBER

UNRECORDED

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Maplewood</u>                                |  | Length of stay in 1b<br><u>6 years</u>  | c. CITY OR TOWN<br><u>Brentwood</u>   |
| c. FULL NAME OF (if NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Maplewood Nursing Home</u> |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (if outside, give location)<br><u>8915 Pendleton Ave.</u>           |
|  |  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First <u>MAX</u> Middle <u>H.</u> Last <u>WOLFF</u> |  |  | 4. DATE OF DEATH<br>Month <u>Oct.</u> Day <u>10,</u> Year <u>1959</u> |  |  |
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|                       |                                  |   |                                    |                                     |   |                |
|-----------------------|----------------------------------|---|------------------------------------|-------------------------------------|---|----------------|
| 5. SEX<br><u>Male</u> | 6. COLOR OR RACE<br><u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>5/11/73</u> | 9. AGE (last birthday)<br><u>86</u> | IF UNDER 1 YEAR<br>Months Days Hours Min. | IF UNDER 24 HR |
|-----------------------|----------------------------------|---|------------------------------------|-------------------------------------|---|----------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Retired Cook</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Restaurant</u> | 11. BIRTHPLACE (City and state or country)<br><u>Dresden, Germany</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u> |
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|                                      |   |  |
|--------------------------------------|---|--|
| 13a. FATHER'S NAME<br><u>Unknown</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Minnie Wolff, Deceased</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.<br><u>487-30-5714</u> | 17. INFORMANT<br><u>Ralph Schwenck, 8148 Stratford, Clayton Mo.</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Pneumonia, atypical, rt. hilus</u> |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 days</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____                                    |  |   |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Arteriosclerosis general</u> | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 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.) |
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|   |                        |
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| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m. | Month, Day, Year _____ |
|---|------------------------|

|  |  |  |
|--|--|--|
| 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.) | 20f. CITY, TOWN, OR LOCATION<br>COUNTY STATE |
|--|--|--|

21. I attended the deceased from Apr. 19, 1950 to Oct. 10, 1959 and last saw <sup>her</sup> him alive on Oct. 10, 1959  
Death occurred at 5:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title)<br><u>CH Bockelman M.D.</u> | 22b. ADDRESS<br><u>2615 Brentwood Blvd.</u> | 22c. DATE SIGNED<br><u>Oct 12 1959</u> |
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|  |                              |  |   |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>10/14/59</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>St. Paul Cemetery</u> | 23d. LOCATION (City, town, or county)<br><u>St. Louis County, Mo.</u> |
|--|------------------------------|--|---|

|  |                           |   |   |
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| 24. FUNERAL DIRECTOR<br><u>Louis H. Zapp, Inc.</u> | ADDRESS<br><u>Highway</u> | 25. DATE RECD. BY LOCAL REG.<br><u>10-12-59</u> | 26. REGISTRAR'S SIGNATURE<br><u>Jahn E. Murphy M.D.</u> |
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(L) See Embalmer's Statement on Reverse Side

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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

*Francis J. Wyland*

Licensed Embalmer No. 4512

P. O. Address Kichwood, N.C.

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.