

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007253

STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 438

FILED IN MAR 2 1961

1. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY St. Louis	a. STATE Mo.	b. COUNTY St. Louis	b. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ellisville	Length of stay in 1b 3 1/2 Years	c. CITY OR TOWN Clayton	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sunset Sanitarium	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 110 Gay Ave.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First CHRISTIAN	Middle D.	Last WOLFF	Month February	Day 10,	Year 1961
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 5/17/83	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Illinois	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Henry Wolff		13b. MOTHER'S MAIDEN NAME Lenora Wolff		14. NAME OF HUSBAND OR WIFE Gertrude Wolff	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes W.W.I			17. INFORMANT Address Mo. Mrs. Gertrude Wolff, 110 Gay Ave., Clayton		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 3 yrs? 3 yrs?
IMMEDIATE CAUSE (a)	arteriosclerosis heart disease	
DUE TO (b)	Generalized arteriosclerosis	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c)	unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days.
1) Hypertensive Cardiovascular disease 2) occlusion of posterior tibial artery	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		

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 COUNTY STATE
21. I attended the deceased from OCT. 2, 1957 to 2/10/61 and last saw him alive on 2/18/61 Death occurred at 2:45 AM on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE G. N. Darnett, M.D. (Degree or title)	22b. ADDRESS 1042 Hawthorne Rd Kirkwood, LL, Mo.	22c. DATE SIGNED 2/11/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/13/61	23c. NAME OF CEMETERY OR CREMATORY Hiram Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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24. FUNERAL DIRECTOR Louis H. Bopp, Inc. ADDRESS Kirkwood, Mo.	25. DATE RECD. BY LOCAL REG. 2-11-61	26. REGISTRAR'S SIGNATURE John G. Murphy, M.D.
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

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 Walter J. Highland Jr.

Licensed Embalmer No. 4512

P. O. Address Richwood, Mo

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.