

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

12207-61-047029
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12207

AMENDED
DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
ITEM NO.
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		a. STATE Missouri COUNTY St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital		c. CITY OR TOWN Clayton	
Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 8115 Halifax Dr.	
3. NAME OF DECEASED (Type or print) First Middle Last ABRAHAM (ABE) WOLFF		4. DATE OF DEATH Month Day Year DECEMBER 27th, 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 1/22/95
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Merchant	9. AGE (last birthday) 66
11. BIRTHPLACE (City and state or country) Chicago Illinois		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME SIMON WOLFF		13b. MOTHER'S MAIDEN NAME ROSA HIRSHFIELD	
14. NAME OF HUSBAND OR WIFE ANN G. WOLFF		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES W.W.I	
16. SOCIAL SECURITY NO. Unk.		17. INFORMANT Mrs. A.G. Wolff 8115 Halifax Dr.	
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>Arterio sclerotic heart disease</i> DUE TO (b) <i>Dissecting Aneurysm</i> DUE TO (c) <i>4200</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <i>years</i> <i>Two hours</i>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? 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.)	
20c. TIME OF INJURY 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 COUNTY STATE	
21. I attended the deceased from <i>1953</i> to <i>Dec 27-1961</i> and last saw him alive on <i>Dec 27-1961</i> Death occurred at <i>11:30 A</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Herman M. Meyer M.D.</i>		22b. ADDRESS <i>4409 W. 1st Pave</i>	
22c. DATE SIGNED <i>12/28/61</i>		23. LOCATION (City, town, or county) (State) <i>St. Louis County Missouri</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>12/28/61</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Sinai Cemetery</i>	
24. FUNERAL DIRECTOR <i>Herman Rindskopf Inc. 5216 Delmar</i>		25. DATE RECD. BY LOCAL REG. <i>DEC 28 1961</i>	
26. REGISTRAR'S SIGNATURE <i>Loal Smith M.D.</i>			

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 Peter B. Rubro

Licensed Embalmer No. 3691

P. O. Address St Paul, Me

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.