

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

25510

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 5322) Latus Ave St. _____ Ward _____

File No. _____
 Registered No. 7096

2. FULL NAME

John Henry Lewis Wolff
 (a) Residence. No. 5322 Latus St., 6 Ward _____
 (Usual place of abode) _____ (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE of Sophia Wolff

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 26, 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
59 | 0 | 13

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Watchman
 (b) General nature of industry, business, or establishment in which employed (or employer) Fry Packing Co
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Baltimore
 (STATE OR COUNTRY) Md

10. NAME OF FATHER Joseph Wolff

11. BIRTHPLACE OF FATHER (CITY OR TOWN) France
 (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Caroline Wagner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY) _____

14. INFORMANT Sophia Wolff
 (Address) 5322 Latus Ave

15. FILED Aug 3 - 1927
Max Starkopf REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 3 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 3 1927, to Aug 3 1927, that I last saw him alive on Aug 3 1927, and that death occurred, on the date stated above, at 6:55 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
88R
179/4-0-1
Cerebral hemorrhage
 (duration) several minutes
 CONTRIBUTORY Arteriosclerosis
 (SECONDARY) (duration) several years

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Wm H Paulery, M. D.
 , 19 (Address) 1602 Union Blvd.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Laurel Hill Cemetery DATE OF BURIAL Aug 7, 1927

20. UNDERTAKER Drehmann Funeral ADDRESS Union

OK David Dep

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

R. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Vanley
1602 Hamilton
Forest 4790