OCT 2 1927

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

Do not use this space.

File No. 28233
Registered No. 28

1. PLACE OF DEATH
County St. Louis
Township Carondelet
City Maplewood (No. ..... St. ..... Ward)
Registration District No. 786
Primary Registration District No. 2469

2. FULL NAME Amy Edith Wolff
(a) Residence. No. 7337 Elm St., ... 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ ~~(OR)~~ WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 21 1891

7. AGE: Years 36 | Months 7 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Webster Groves
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER George T Wolff.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Amy Quate
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo.

14. INFORMANT Geo T. Wolff
(Address) 1822 Locust

15. FILED 9-16 1927 Mercedes Schuster
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 16 1927

17. I HEREBY CERTIFY, That I attended deceased from January 1921, to Sep 16 1927, that I last saw her alive on Sep 16 1927, and that death occurred, on the date stated above, at 6:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardio Vascular Renal Disease
(Rheumatism Arth in childhood)
(Uraemic Convulsion)
Chronic Myocarditis Pancholymenitis
CONTRIBUTORY (SECONDARY) (duration) 8 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory
(Signed) P. V. Vaugh, M. D.
9/16, 1927 (Address) 5812 Delmar

*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 Oak Hill
DATE OF BURIAL 9-18-1927

20. UNDERTAKER Wagner
ADDRESS 3621 Olive

NOTE. 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.