

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

Do not use this space.

37143

1. PLACE OF DEATH

County St. Louis Registration District No. 399 File No. 38
 Township Mane Primary Registration District No. 100 Registered No. 100
 City St. Louis (No. 5300) Harledge Pt. St. 10 Ward

2. FULL NAME

Elizabeth Wolfe
 (a) Residence. No. 5300 Harledge Pt. 10 Ward. (If nonresident give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Valentine Wolfe

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 17 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 11 11

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) (STATE OR COUNTRY) Mo

10. NAME OF FATHER Charles Brinsby

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

12. MAIDEN NAME OF MOTHER No Record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No Record

14. INFORMANT Clara Wolfe
 (Address) 5300 Harledge

15. FILED 17/30 27 M.M. Brown
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 28 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1927, to Dec 28, 1927.
 I last saw her alive on Dec 27, 1927, and the death occurred, on the date stated above, at 11:00 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

23A Bronchial pneumonia
107A
 (duration) yrs. mos. days ds.

CONTRIBUTORY pulmonary TB
 (SECONDARY) (duration) yrs. mos. days ds.

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

DID AN OPERATION PRECEDE DEATH DATE OF

WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS clinical

(Signed) John W. Sawyer, M. D.
17/29 1927 (Address) 818 Med. Bldg.

*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 DATE OF BURIAL
Mrs. C. L. Fauster Dec 31 1927

20. UNDERTAKER ADDRESS
St. Marys Care K.C. Mo.

N. 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.

PERMANENT RECORD

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